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ORIGINAL DEPARTMENT.

LECTURE.

SPLENIC LEUCÆMIA.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF
THE UNIVERSITY OF PENNSYLVANIA, BY

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Reported by WM. H. MORRISON, M. D.

GENTLEMEN:—You will remember that at the last lecture, we were considering a case of splenic leucæmia. I pointed out to you the general symptoms by which we recognize this group of cases; that without apparent cause, the patient is noticed to become weak; his ordinary work tires him more than usual. With this, he becomes paler. The weakness and anaemia gradually increase until he is compelled to quit work. There is nearly always breathlessness on effort and palpitation of the heart under excitement or exertion. Often a little puffiness about the ankles is observed, sometimes a little puffy look about the eyes, and later, there may be considerable edema. Auscultation shows an anaemic murmur over the base of the heart. Hemorrhages from various surfaces, particularly from the nose, and sometimes from the bowel, are not rare. If the eye ground is examined, small, scattered, retinal hemorrhages, perhaps interfering with vision, may be found. In some of these cases, examination of the blood shows no increase in the number of the white corpuscles, while in other cases, there is a great increase in their number. The normal relation is about one white to two hundred and fifty red. This may come to be one white to fifty red;

one to five; one to three; or as in the case you saw last week, the white and red may be equal in number.

Dr. Wm. E. Hughes has carefully counted the corpuscles in that patient, and I have here his report. In a cubic millimetre of healthy blood there are about 5,000,000 red globules and about 20,000 white globules. In this case there were but 1,300,000 red (a reduction of 75 per cent.), while there were 1,245,000 white globules. This is a most remarkable degree of leucæmia. The red corpuscles in such cases do not form good rouleaux; they are not of as bright a red as they should be, and frequently their shape is altered. The white globules are also much changed, and you will often find, as is stated to be the case here, that "it is a matter of difficulty to decide in some instances whether a corpuscle is red or white." Not only is there a great change in the appearance of the corpuscles, but there is also evidence of marked alteration in their development and constitution. They are diseased.

I further stated to you that while the weakness and anaemia were gradually increasing, it is noticed in some cases that there is enlargement of the spleen, with perhaps a little or no affection of the glands. This constitutes splenic leucæmia. In these splenic cases the liver is often enlarged. In other cases, without much involvement of the spleen, the lymphatic glands become enlarged. This is usually first observed in the glands of the neck, then of the axilla, then of the groin, and finally of the abdomen. This is lymphatic leucæmia. In these cases the spleen may be moderately or even considerably enlarged. Lastly, there is a group of these cases where you find neither en-

largement of the spleen nor affection of the glands; where, during life you can put your hand upon no lesion, but where, after death, there is found hyperplasia of the lymphatic elements of the marrow of the bones. We thus have a medullary form of the disease. In one class of these cases the number of white globules is not increased, while in another it is greatly increased. The former class is termed pseudo-leucæmia, and the latter leucæmia. We thus have pseudo-leucæmia and leucæmia of three varieties, splenic, lymphatic, and medullary.

Another symptom which I might mention is albuminuria. Albumen is not rarely present in moderate amount, and is usually dependent upon the alteration in the blood and the excessive filtration of blood serum through the malpighian tufts. Occasionally there is irritation of the renal cortex, causing the appearance of a few tube-casts.

In approaching a case of this kind, your first duty is to determine whether the anæmia has resulted from some functional cause, so to speak, or some palpable, demonstrable, removable cause. You will first examine to see if the patient has been subjected to loss of blood. This is a frequent cause of anæmia. The hemorrhage need not be a large one. A little leakage of blood, as from bleeding piles, will gradually bring about a condition of intense anæmia. Another cause of extreme anæmia is the long continued discharge of pus, as from a fistula in ano or an old bone abscess. Any interference with primary assimilation is an exceedingly frequent cause of anæmia. The various forms of dyspepsia must rank among the most common and the most frequently overlooked causes of anæmia. A trifling chronic diarrhoea, perhaps characterized by only one loose stool every day, or every alternate day, will suffice in persons whose blood-making powers are weak, to bring about extreme anæmia.

Last week I alluded to the influence of nervous shock or strain as a factor (I do not say that it was the essential cause) which I have met with in cases of anæmotosis; but nervous shock or strain is frequently met with as the essential cause of functional anæmia. Organic disease of the kidney, with a constant drain of albumen, may bring about intense anæmia. Diabetes mellitus causes the same condition.

Failing to find any of these conditions, you should search for organic disease of the various organs. Incipient phthisis, ulcer of the stomach, cancer of the stomach, and cirrhosis of the liver in its early stage, may all give rise to intense anæmia.

Failing to find any of these diseases, you look for affections of the spleen and lymphatic glands, and in the absence of these, you would suspect lesions of the marrow of the bones.

There is one cause of anæmia which I have purposely omitted, as its consideration will be required in the study of the case now before you. I refer to chronic malarial disease. I mention this particularly, since it gradually brings about intense anæmia, which is not rarely associated with enlargement of the spleen. As the splenic variety of leucæmia is the most common, you will sometimes find it difficult to decide whether the patient is suffering from the effects of chronic malaria or from anæmotosis.

This gentleman, aged 33 years, has come to us from Williamsport. He has consulted a number of physicians (fourteen, I believe), but has not been able to obtain any positive opinion in regard to the nature of his disease. I have not had an opportunity of examining him, but will try to elicit the history from his wife. He was employed on the railroad for a number of years, but lately has been serving in a clerical position. He is described as being of singularly good habits, and I cannot find any error of life to throw light upon his condition. He has used tobacco to excess. He has been failing for the past two years. There has been a progressive loss of flesh from 148 pounds to 110 pounds. He then began to lose color and strength; but during this time he had a "terrible appetite." He would eat a number of times during the day, and his wife would have to get up at night and cook for him. He did not crave unnatural things. He was always a great drinker of water. During the past year the thirst and hunger have, to some extent, disappeared.

About nine months ago a hard, movable, painless mass, not very large, was noticed low down in the abdomen, about the median line. This has grown steadily. He got out of breath when walking any distance, and sometimes complained of palpitation of the heart and dizziness in stooping. About a year ago, there was a little swelling around the ankles and half-way up to the knee, which lasted two weeks. It has not again appeared.

Twice during the progress of his disease there have been profuse hemorrhages; once after the lancing of a carbuncle, when he nearly bled to death; and once after the extraction of a tooth, when the doctor and his wife worked all night trying to stop the bleeding. He has also had several hemorrhages from the nose, brought on by

pulling out the hairs or scratching the mucous membrane.

Lastly, we come to a very unusual symptom. About a year ago he began to grow hard of hearing. The ears were examined and some hardened wax removed, after which he heard better. Six weeks ago he went to bed hearing as well as usual, but when he awoke, he was stone deaf. He could not hear the loudest shouting. There has been a slight return of hearing on the left side, and on yelling into the ear he seems to hear a little. This sudden deafness is, under any circumstances, very rare.

In regard to malarial disease, he has never had chills and fever, and did not live in a malarial district.

I do not find any enlargement of the glands of the neck, of the axilla, or of the groin; but the mass, described by his wife, is very perceptible as causing an irregular enlargement of the abdomen. It runs obliquely from above downward, and from left to right, and is most prominent in the left hypochondrium. The right side of the abdomen is soft and yielding, but on the left there is an indurated smooth mass. Percussion shows that the liver dullness extends from the fifth interspace to two and a half inches below the margin of the ribs in the line of the nipple. Below the liver on the right side there is resonance, until I get to the right flank, where it is flat as far up as the line of the anterior-superior process of the ilium. Thence backwards, it is flat. I turn the patient on the right side to see if this is liquid, but the dullness is the same. The whole of the left side is flat on percussion. This dullness extends from the left hypochondrium, downwards to a little above the left groin. Examining this mass more carefully, I note that it is universally resisting, of a smooth surface, and painless. It is slightly movable. I cannot determine its thickness. I draw the outline thus, and you see that it corresponds with that of a spleen much enlarged.

While I have been making this examination, Dr. Hughes has made a rapid enumeration of the blood globules. I have here his report. There are 2,275,000 red corpuscles to the cubic millimetre (a reduction of about one-half), and 1,085,000 white corpuscles in the same space. The white corpuscles are large and well formed.

We must then regard this as a case of splenic leucæmia, entirely uncomplicated by any enlargement of the lymphatic glands.

Let us see whether there is any explanation for this mass other than enlarged spleen. Malarial spleen it is not. The youth of the patient, the

absence of pain, the absence of tenderness and the absence of secondary growths in the lymphatic glands, exclude the idea of cancerous disease. The sallow cachectic look is very much like the so-called cancerous cachexia, but this complexion is so often met with in connection with other diseases, that you cannot give to it any definite diagnostic value. This mass is not a tumor of the liver. That organ is enlarged, but in its place. It is not a tumor of the pancreas or spleen.

The organs which would explain a mass of this kind are the kidneys, possibly the omentum and lymphatic glands, and the spleen. We see very large kidneys in hydronephrosis and in rare cases of cancer; but under these circumstances, the mass forms deeply, and it is only when it has reached an advanced stage, that it is felt prominently near the surface of the abdomen; but this tumor was quite noticeable nine months ago. This tumor is without pain, and carcinoma would be excluded for the reason previously given. We should recognize hydronephrosis by fluctuation. This mass is entirely without fluctuation.

The omentum is in rare cases the seat of morbid growths. I have seen enormous tumors, difficult of diagnosis, filling the abdomen and depending upon neoplasms in the omentum and mesenteric glands. In such cases the tumor is more symmetrical and has a transverse instead of an oblique shape, as here. Again, we should expect such a mass to be more nodular and irregular, and the seat of more pain and tenderness.

The direction of this mass, the dullness directly in contact with the walls of the abdomen, and continuous with the dullness of the spleen, the ovoid shape of the tumor, associated with the presence of leucæmia, make me feel confident that this mass is an enlarged spleen.

The sudden deafness was, I think, due to a hemorrhage into the middle ears. I shall have the ears carefully examined, to see if any evidences of hemorrhage can be found. If there has been no hemorrhage into the middle ear, it must have occurred inside of the cranium and press upon the auditory nerves; but this, is I think, improbable. (See note at end of lecture.)

The prognosis in these cases is always unfavorable. The history is that with apparently causeless ups and downs, their course is on the whole downward. It is not usual for a great loss of flesh to occur. In the case of splenic leucæmia which you saw last Saturday, the weight was the same as when he was in the best state of health, although the white and red blood globules were equal in number. The maintenance of the body

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weight is not necessarily a favorable feature in the prognosis. We should base our prognosis on improvement in the crasis of the blood, on the disposition of the red globules to assume their natural proportion and appearance, and the white to decrease in number, and with this arrest of growth, and decrease in size of the glands or spleen. I have seen cases where such arrest occurred for a long time, and where for a time there was apparently a diminution in size. I have seen cases where undoubtedly certain glands became smaller while others grew larger. The favorable features are a slight degree of leucæmia, the preservation of nearly the normal number of red globules, the maintenance of the digestion and appetite, absence of hemorrhage and dropsy, the maintenance of the tone of the heart, and the arrest or recession of the splenic or lymphatic enlargements.

The treatment is unsatisfactory. I need not say that if in a bad case of anaemia you come across a definite cause, and you remove that cause and give the patient a carefully regulated diet, rest, good hygiene, iron, nutrients and tonics, the anaemia disappears and the patient gets well.

Again, if in examining such a case you find organic disease of some of the great viscera, as incipient phthisis, stenosis of the aortic orifice of the heart, gastric ulcer, or cancer, or disease of the kidney, the prognosis of the anaemia is dependent upon the prognosis of the organic disease, and the treatment of the anaemia is the treatment of the organic disease. If you can benefit the one, you can benefit the other.

Lastly, if in a case of persistent anaemia you find evidences that it is one of this peculiar group of cases associated with organic changes in the blood-making glands, the indications for treatment are of course controlled by the question whether or not anything can be done to check the organic disease in these tissues. The remedies which you would naturally think of under such circumstances would be the alteratives and absorbents. Thus mercury has been persistently used in these cases. I have employed it in large and in small doses. I have, however, given up its use in large doses, but still employ it in minute doses continued for a long time. Let me tell you why I prescribed mercury in the case before you last week. That gentleman's sister developed enlargement of the lymphatic glands, which continued under various methods of treatment. At last, small doses of mercury were given and persisted in for a long time. Under this plan of treatment, the health was entirely restored and the enlarge-

ments disappeared. He had prescribed for himself full doses of mercury, and had continued them until he had deranged his digestion, but it is his positive assertion (and knowing his skill as a physician, I attach great weight to his statement) that the lymphatic glands have grown smaller, and the spleen has grown softer and smaller. We must not, however, attach too much importance to these apparently good effects, for I have seen the same results under various plans of treatment. A consideration of these two facts has, however, led me to continue mercury in his case. I have given him the mild chloride of mercury in one-twelfth of a grain doses, four times a day. I have requested him to report weekly the condition of his appetite, digestion, weight, and color, so that I may judge of the effect of the treatment upon the nutrition and the crasis of the blood.

Iodide of potassium has been tried, but has proved of no value. Arsenic was long ago recommended, and has recently been again brought forward, but the universal experience is that it is of no permanent utility. Alkalies in large amounts have been employed, and I am disposed to try the resolvent effect of large doses of ammonium chloride continued for a long time. How it is that this drug promotes the removal of large masses, such as fibroid tumors, is a question that has excited much discussion and amazement. I have seen fibroid tumors which had been growing steadily, entirely disappear under the use of large doses of chloride of ammonium continued for from three to ten years. I have had patients take this drug regularly three times a day for ten years. In the present case, I propose to employ this drug in large doses for a long time.

Iron has of course been given in large and small doses, with the hope of restoring the crasis of the blood, but it has failed to do so. Cod-liver oil, phosphates, preparations of malt, and all the class of nutrients, have been employed without avail.

The attempt has been made to cure the disease by extirpating the hypertrophied tissue. Glands have been cut out, but the remaining glands have grown all the more rapidly. In cases of splenic leucæmia, the spleen has been removed, and this solves the question promptly, for all such cases have died. The condition of the blood, the feeble state of the nutrition, and the debility and dyscrasia of the system are such as to render excision of the spleen (hazardous and almost surely fatal as it is under any circumstances) quite inadmissible in splenic leucæmia. I should most strongly

discountenance removal of the spleen in this disease.

Another operation has been recommended, that is, the interstitial injection through the abdominal walls of ergotin, or some other substance which will produce contraction and absorption by local action. In these cases of splenic leucæmia, adhesions are often found uniting the peritoneum and spleen, and the long-continued irritation seems to render the peritoneum less sensitive than usual; so that I should not hesitate very long before performing this operation, if benefit was to be derived from it. I have tried this plan, but it excited so much local disturbance that I could not persist with it.

The important elements of treatment are a rigid attention to the diet, extreme care in correcting indigestion, particularly diarrœa, the maintenance of a tranquil, resigned spirit, the use of the lightest and most gentle exercise, abundant rest, particularly in view of the feeble condition of the heart, and the internal use, in long-continued courses, of full doses of chloride of ammonium or of minute doses of mild chloride of mercury.

These cases are rare; yet the experience of the past few weeks, when on successive days we have had before us a case of lymphatic pseudo-leucæmia, a case of splenic and lymphatic leucæmia and a case of uncomplicated splenic leucæmia, will show you that they may at any moment present themselves, and that you should be able to recognize them.

—The following is the report of the examination of the ear made by Dr. George Strawbridge:

Six weeks ago suffered from a sudden loss of hearing, binaural, with more or less giddiness lasting up to the present time.

This giddiness is more pronounced if the eyes are closed and in the standing position, also has difficulty in walking with closed eyes. Has had a previous deafness, three months before the present attack, affecting the left ear only. This was relieved by the removal of a plug of cerumen. Right ear at that time remained normal.

Present condition: Right ear hearing, cannot hear even very loud sounds. External canal and tympanic membrane normal.

Left ear hearing, can hear very loudly spoken words. External canal and tympanic membrane normal.

Tuning fork on the incisor teeth heard by the left ear.

Pharynx and nasal passages normal.

Diagnosis: An effusion of blood or serum into the semicircular canal and cochlea, with conse-

quent labyrinthine pressure; this acting on the auditory nerve elements distributed to the contents of the semicircular canals would explain the vertigo, and pressure on the cochlear branch would cause the high degree of deafness.

Examination of the optic nerve gave negative results.

This patient died November 8, 1882. The post-mortem examination was made 18 hours after death, by Dr. William Willits. His report states that the examination was limited to the abdomen. The liver weighed 10 pounds; to the eye, its structure appeared normal. The gall bladder was normal. The spleen weighed 5 pounds; structure but slightly changed. The kidneys were slightly enlarged.

COMMUNICATIONS.

THE HEALTHFULNESS OF THE SEASHORE RESORTS—SOME PERTINENT FACTS ABOUT MALARIA.

BY BOARDMAN REED, M. D.,

Of Atlantic City, N. J.,

President of the Atlantic County Medical Society, and of the Atlantic City Board of Health.

Is there malaria at any of the resorts along the New Jersey coast? Prof. Alfred L. Loomis, of New York, says: "Salt-water marshes are, as a rule, especially free from malaria; but mix salt and fresh waters, as in some of the New Jersey marshes, and you have the conditions for generating the poison. Marshes that rest on a substratum of sand are not so malarial as those that rest on limestone, clay, or mud."

This may be accepted as authoritative. Physicians in sending away patients will do well to bear it in mind. Wherever rivers empty into the sea, there such a mixture occurs. Another fact which should also be remembered is that, *cæteris paribus*, the more rank the growth of vegetation in any place, whether at the shore or in the country, the greater the likelihood of miasmatic fevers arising toward the end of summer. Decaying vegetable matter, in the presence of heat and moisture, probably always engenders a certain amount of malaria, though when the material thus decaying is small, the poison produced may be only infinitesimal.

Owing to the luxuriance of their crops of vegetation, the newer settlements on the Western prairies have always been cursed with malarial fevers; but just in proportion as the soil is culti-

vated and wild nature is brought into subjection, such diseases disappear, except where perpetuated by sluggish streams.

Our New Jersey beaches, except those near the mouths of fresh-water streams, enjoy, as a rule, almost entire immunity from the paludal poison, since the dry sand, which constitutes their soil, is impregnated with salt, and the vapors of chlorine, iodine, etc., borne over them from the ocean, and across the salt-water bays and marshes at the rear, are decidedly anti-septic and anti-malarial. The older and more highly-improved places, where all rank vegetation is kept down, should be especially exempt, as experience proves them to be.

The numerous virgin beaches which have recently been made the sites of imposing paper cities, may have attractions for robust tourists and for some quasi invalids, who enjoy hunting and fishing, and prefer being away from the fashionable crowd; but a more certain exemption from malaria is not by any means to be included among their advantages, notwithstanding the oft-reiterated assertions of the land agents and of other gentlemen who are the hopeful possessors of corner lots at such places. The projectors of these embryonic sanitaria are always firmly convinced that it is very unhealthy at Atlantic City, Cape May, Long Branch, and the other older resorts.

Since many persons, including physicians, confide in such interested statements without requiring proofs or making any discrimination between the places attacked, a few plain facts bearing upon the healthfulness of some of these resorts may be of interest. At Cape May an epidemic of fever is said to have broken out in one of the large hotels last summer, and was attributed to an attempt to sewer into a sluggish creek in the vicinity. Whatever the cause, it will no doubt be remedied before another season opens. This experience seems to confirm the opinion of many good sanitarians, that the system of storage in properly constructed vaults, with dry removal at frequent intervals, may be safer for the level seaside beaches than any system of sewerage which does not include flush tanks, forcing pumps, or other expensive apparatus, and an outlet far away from the town, which is sometimes impracticable. Though there has never been such an epidemic in any Atlantic City hotel, the newspapers in commenting upon this occurrence assumed in some instances that both places were equally involved. The following facts are a sufficient answer to all such insinuations.

Atlantic City, as is well known, is wholly sur-

rounded by unmixed salt water, besides having six miles of salt meadows behind it, and rests upon a bed of dry sand—therein fulfilling the two conditions laid down by Prof. Loomis as essential to immunity from malaria. No considerable fresh water stream empties within many miles of it. My personal experience of the place, dating back thirteen years, during five years of which I have been residing in it all the year round, affords strong evidence against the probability of malaria originating here. Myself and family have always enjoyed exceptionally good health here, and in particular have never suffered from fevers, nor from malaria in any form.

In my practice among invalid visitors, I see a great deal of malaria. It is one of the diseases for which people come here, particularly in winter, and when they remain long enough, they do not often come in vain.

Those coming from the more decidedly malarious localities, such as Washington, D. C., some portions of New York city, and from most places along the New Jersey shore of the Delaware river, are liable to have some manifestation of malarial character developed shortly after their arrival, especially if they should be suddenly chilled or suffer from hepatic disturbance, as often happens in consequence of over-indulgence of the enormous appetite usually provoked by the sea air. This phenomenon is well understood by those accustomed to treat patients from miasmatic regions, and is particularly referred to by Prof. Bartholow. It is an occasional though transient result of the first contact with sea-air anywhere, and I have seen the same thing at the mountain resorts, as a result of the abrupt change, in persons whose systems were saturated with malaria in a dormant form.

Visitors from non-malarious places are never affected in such a way; and the permanent residents of Atlantic City are practically exempt from malarial diseases. The exceptions in my experience have been so exceedingly few as to prove the rule. For instance, I have never seen a single undoubted case of intermittent fever in one of this class, except in persons who had lately returned from visits to notoriously malarial localities; though in a fatal case of diabetes mellitus attended by me, there was at the last some fever of an obscurely intermittent type.

Following is one of several striking cases I might report of persons who, after long residing in Atlantic City without having any malarial symptoms whatever, visited miasmatic regions and suffered from severe attacks of intermittent on their return:

A young lady who, with her family, had been under my professional care since the first year of my residence here, and always enjoyed a perfect immunity from malarial affections, spent a few weeks with friends at St. Catherine's, Canada, during the month of September. Her friends warned her not to go out of doors after nightfall for fear of malaria, but the advice was not strictly followed. After returning home—within one or two weeks—she had a severe attack of genuine ague. This was in 1881, and though her system seemed to be thoroughly charged with the poison in an unusually active form, it yielded in due time to treatment, and it was so completely eliminated that last fall she, though remaining here till the end of September, had no return of the disease whatever, and has remained free from it up to this time—February, 1883.

As for remittent fever, I have never seen a case of it among the residents, and but a single one among visitors. This one case was in the person of a young lady from New York city, some of whose family had suffered with the same form of fever at home shortly before. She recovered entirely before leaving here.

It may be asked, are there never fevers of any kind at Atlantic City? Not in winter or spring, if we except the exanthemata; but it would be singular indeed if none of the two or three hundred thousand people who visit the place every summer were ever imprudent enough in their eating, drinking, and bathing, to develop febrile affections. Sporadic cases of a mild continued fever, with sometimes enteric complications, are seen occasionally during the latter part of the season. These are usually among a class of persons not at all attentive to the rules of hygiene, who bathe in the surf from one to two hours daily (not always excepting the catamenial period in the case of ladies), and then immediately afterward gorge themselves at dinner, following this within a few hours with a supper, frequently of raw oysters even in midsummer, when the bivalves are "in the milk," and very putrescible. After such a day, half the night is often spent in revels of one sort or another, with or without a plentiful accompaniment of stimulants. There are not merely hundreds, but thousands, who go through with such a programme almost daily in the summer for several weeks, or until cholera morbus, fever, or some other acute disease, results as a natural consequence. Those who are a little less reckless may have the inevitable penalty deferred till they reach home, and then, as they usually forget to tell the doctor the whole story, both he

and the friends are likely to lay the blame upon the air at the seashore. The bad water furnished at some of the inferior houses is no doubt sometimes a factor in the causation of fevers and diarrhoeas, and one for which there is now not the slightest excuse in Atlantic City, since an abundance of the purest water is to be had. But of this, more further on.

The only wonder is that any of the thousands who thus disregard all hygienic considerations, in the matter of bathing especially, should ever escape serious illness. Yet last summer I saw but two visitors with any form of protracted fever. One was a youth recently from a college in an inland town, where his friends believed that he imbibed the germs of the disease. But he had been spending an hour and a half every day in the surf for two or three weeks, and this alone would have ensured the development of any tendency to fever by the long-continued and repeated congestions of all the internal organs thus produced. It was a very light attack of continued fever, with a slight diarrhoea at one stage, but no rose-colored spots nor tympanites, and he was well again in three weeks. The other patient, a married lady, had been ailing ever since a recent visit to Florida, where she had relatives, and she had been excessively addicted to surf bathing. She had enteric fever, and recovered in four weeks. Both these patients stopped at boarding-houses of the less pretentious class, at one of which the drinking water was of more than doubtful quality; yet there was but the one case of fever in either house, though both houses were full of people all summer. This fact renders it highly probable that the germs or tendencies which were the predisposing causes of these two cases were brought by the patients with them when they came here, and that they were developed by the exciting causes already alluded to.

At the numerous large and carefully conducted hotels where I regularly attended, there were no cases of fever of any kind at any time during the season, nor have there been any since. The same may be said of these hotels during the previous year. In the summer of 1881 I saw the following two cases only:

A young lady of by no means robust constitution was sojourning at a small boarding-house on the avenue farthest back from the ocean. She bathed every day from an hour to an hour and a half. After being here a few weeks, she developed a mild continued fever, with some diarrhoea for a few days, but with no other enteric symptoms. The temperature fell to the normal in two

weeks, but there was a slight return of fever subsequently, which protracted the convalescence one or two weeks longer. There were no other cases in the house, though, considering its cheap character, there might well have been without any fault thereby attaching to the hundreds of well-kept houses in more desirable parts of the town.

The other case was that of a gentleman, who with his wife and large family of children occupied a cottage on a prominent avenue. He went back and forwards to the city every week day, so that only his nights and Sundays were spent in Atlantic City. He had a moderately severe attack of typho-malarial fever and recovered in about four weeks, while his family who were here day and night all summer were none of them attacked: the inference is plain.

But as already intimated, considering the reckless habits of many visitors, and the large proportion of them who, coming directly from great cities where they breathed continually an atmosphere polluted by sewer gas and foul-smelling gutters, might be presumed to bear with them the germs of typhoid fever and other zymotic diseases, the only wonder should be that so exceedingly few develop any serious illness. It must be taken as a confirmation of the opinion that the typhoid poison, at least, if not the germs of the miasmatic fevers as well, more often gains access to the economy through the stomach than the lungs. There is much talk now-a-days about *malaria*—bad air—but more cases of disease, whether in city, country, or at the shore, probably arise from bad water.

The water supply of Atlantic City was, until recently, either from wells or cisterns. The former, used for drinking by the poorer classes of the residents only, furnish surface water of varying degrees of badness, yet many seem to drink it with impunity. The cisterns are generally well kept at all the better-class hotels, and then afford very pure water; but careless house-holders sometimes let them get dirty, when, of course, the water may become impure.

Henceforth, there need be no need of tolerating poor water at any house here, for the reason that an enterprising company has introduced an abundance of the purest running water in pipes from the mainland. This has been carefully tested both chemically and by being continuously in use in many houses since last August, and has been found pure and wholesome.

Our Board of Health, besides devoting ever-increasing attention to the duty of seeing that all garbage is removed daily from every house, and

that the drainage arrangements are maintained in the best possible condition, has just decided upon the appointment of a health inspector, an important part of whose duties it will be to analyze, periodically, the drinking water at every hotel and boarding-house. Indeed, I feel justified in saying, on behalf of the Board, that now that a water supply of unquestioned purity has been obtained, it is determined to spare no efforts necessary to preserve the famous air of the place pure and uncontaminated; and whatever further reforms shall be found essential to effect this, will assuredly be consummated.

HOSPITAL REPORTS.

STRUMA.

CLINIC OF PROF. E. ALBERT, IN VIENNA.

Translated* for the MEDICAL AND SURGICAL REPORTER,
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Patient, a boy, æt. 14, has a rather large swelling in the region of the right anterior triangle of the neck. The tumor can easily be defined; backwards, it reaches as far as the sterno-clidomastoid muscle, but does not spread over it; that the abnormal enlargement does not include different tissues, is proven by the fact mentioned, and by its moving synchronously with the trachea at every act of deglutition. The tumor is, therefore, not a malignant one, as the skin over it can easily be put into folds, and is perfectly unchanged. The seat of the swelling is a physiological organ, the *glandula thyreoidea*, and the swelling itself a struma, known by the proper name of goitre. If we examine its consistence, we feel a uniform, more or less coarse-grained mass, and we make the diagnosis of *struma parenchymatososa*.

If we now look at this nineteen-year-old girl, we observe on her also on the right side in the region of the thyroideia a swelling, with all the symptoms and signs of the first case, but here the mass of the tissue is a different one; we feel irregular, coarse nodules, and in one, especially large, we are able to detect fluctuation, so that we may suppose the existence of a cyst. The diagnosis here is therefore: *struma cystica*.

While the boy does not complain of any subjective symptoms whatever, the girl suffers, when ascending the stairs or a hill, from difficulty of breathing, dyspnoea, and of late, deglutition even has become rather painful to her.

With reference to these two cases, I wish to say a few words concerning the different varieties of struma, their importance and treatment. Notwithstanding the malady is not limited to certain localities, one may say, that in deep valleys of high mountains it is in reality *endemic*. Regarding their *morbid anatomy*, the strume, according to the changes the physiological tissue of the thyroid

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gland has undergone, are divided into several groups: most frequent and easiest to treat is the *struma parenchymatosa*, in which, according to Virchow, the single follicles hypertrophy and are forced apart by exuberant growth of interstitial tissue, to which facts is due the augmentation in size of the organ, and the uniform mass we feel. I can suppose, as is well known, that in their normal condition the single follicles of the thyreoida are filled with a colloid mass.

If this substance becomes augmented in a *struma parenchymatosa*, then the latter presents some larger and smaller nodules, some of which, occasionally one or the other, are filled by soft, slimy contents, the colloid, and this morbid condition is meant, when we speak of *struma gelatinosa*. In case the gelatine-like contents of one such follicle should become perfectly soft, fluid, then we have cystic formation. Sometimes, however, it happens that the septum which separates two nodules from each other, totally dwindles away, is absorbed in consequence of pressure, so that a communication is the result, and at the same time one larger cyst is formed, a process which rarely takes place without hemorrhage, in consequence of which the fluid contents of a cyst assume a brown tint, resembling the color of the tincture of iodine. The sac in such a *struma cystica* presents a varying appearance. Sometimes its inner surface is smooth, often it contains membranous ridges, occasionally lime formations are noted, and even bony deposits are not so exceedingly rare.

Besides these three varieties, which are met with very frequently, there is occasionally seen a fourth form, the so-called *struma vasculosa*, in which not only the numerous veins of the thyroid gland, but also the different vessels, the arteries, are dilated to such a high degree that a really enormous blood-tumor results, which can easily be recognized and differentiated from the other varieties by its compressibility, flabbiness, and softness.

Notwithstanding it usually is a harmless disease, goitre may occasionally cause even death. The anatomical position of the thyroid gland explains to us, that a considerable enlargement of the latter, especially when extending deeply backward, will induce a partial compression of the esophagus, and therefore difficulty in deglutition. But the trachea is also compressed, though in the beginning not in any threatening manner. The continuous pressure, however, causes the cartilaginous rings of the windpipe to undergo a metamorphosis; they become soft, and while a normal bronchial tube, placed upon a solid basis, stands erect, a trachea influenced by pressure from a struma will bend, and sometimes the angle formed will be rather pointed. Gradually the form of the trachea is totally changed, and it will happen, that a patient having previously experienced no difficulty whatever from his tumor, is suddenly, while making an incautious movement with his head, turning the same abruptly to the right or left, attacked, in consequence of the bending together of the trachea, by suffocation—and death may result.

Concerning therapeutics, there is a medical and a surgical treatment; the former, however, has its indication only in the parenchymatous variety,

and consists here in the application of iodine in some form or other, internally as well as externally. Internally either iodide of sodium or potassium, the tincture of iodine, or Lugoll's solution, are administered in the usual doses. Externally it is best to employ the following solution: iodine, iodide of potassium and glycerine in the proportion of 1 : 5 : 100; this is brushed in a thin coat over the swelling, and it is preferable to make this application in the morning, as many patients, when the brushing is done at night, by inhaling the vapor of iodine, suffer from the disagreeable iodine-catarrh. Comparatively easy is the surgical treatment of the cystic degeneration of the thyroid gland. Totally to be disregarded is the simple puncture, which some surgeons practice to be certain as regards diagnosis. We say, to disregard, because, first, manual examination suffices to establish the diagnosis in an undoubtedly cystic goître, and secondly, in case the cyst cannot easily be felt, colloid nodules may perhaps be punctured, and such accident is frequently followed by inflammation, nay even mortification. Of great importance, however, is the puncture, if it is followed immediately by the injection of iodine. The procedure here is the same as in cases of hydrocele, adhesive inflammation of the opposite membranes of the cystic sac being the desideratum. The first consequence of this operation is a greatly increased sensitiveness of the cyst; then plentiful exudation into the cavity follows. Within a few days the hyperesthesia disappears, and then the swelling begins to dwindle away, and a few weeks later the process is finished—a small nodule being all that is left. Occasionally surgeons have endeavored to cause by double puncture and incision the formation of pus, and Billroth has reported several such cases. In large colloid goîtres or in a struma with calcareous walls the gland has to be extirpated, if a radical cure shall be established. On account of the gland being physiologically rich, but pathologically still richer in blood, the operation is a difficult one. There are many cases on record, in which it has been necessary to apply as many as one hundred ligatures! The operation has often, if the trachea has suffered already decidedly, to be preceded by tracheotomy, as it has happened, that the death by suffocation, of which we made mention before, suddenly took place while the operation progressed.

When performing the operation for extirpation of the cyst, we have to remember that the carotid is pressed by the stroma outward, and its position is sometimes so superficial that one can note its subcutaneous course, while the jugularis interna is pushed towards the median line. Very difficult is the case if in an *accessory* thyroid gland a struma develops itself. Corny operated on such a *struma accessoria*, the seat of which was behind the esophagus, *retro esophagealis*, therefore. Exceedingly difficult to diagnosticate, and the consequences of which cannot be calculated, is a struma of a lobe, which has a pedicle, and reaches into the anterior mediastinum, a so-called *struma substernalis*.

Regarding the treatment of our two cases, in that the boy we will apply iodine locally, while in the girl we shall puncture the cyst and follow this by injection with iodine.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS OF PHILADELPHIA.

The stated monthly meeting of the College was held in the Hall on Wednesday evening, February 7, 1883.

The new President, Dr. Alfred Stillé, presided and made a few introductory remarks.

Dr. S. Weir Mitchell presented five thousand dollars to the College, to constitute a fund for the purpose of giving, annually, a conversation, reception, banquet, or some similar entertainment, which in the judgment of the council shall seem best calculated to promote the interests and welfare of the College and the profession.

A resolution of thanks and appreciation was tendered to the donor, and it was decided that the fund shall be designated as "The S. Weir Mitchell Entertainment Fund."

Arsenical Paralysis.

Dr. Charles K. Mills read a paper on arsenical paralysis. Last fall several cases of poisoning from eating pie in which was subsequently found arsenic occurred in Norristown. Some of the victims, after suffering for varied periods from symptoms of gastro-enteritis, fully recovered; one died, and two were afflicted as the patient under Dr. M.'s care.

The patient, at first, was treated for *erratic malaria* by a homeopath, and after four days came under the care of Dr. Corson, of Norristown, who, recognizing the true nature of the trouble, endeavored to eliminate the arsenic by purgatives, and used iodide of potassium for its alterative effects—all without avail, as the patient grew rapidly worse, developing paralyses, for which he came to this city and entered the Orthopedic Hospital, under the care of Drs. Mitchell and Mills.

His symptoms (all of the nature of paralysis) indicated myelitis; he was treated with hot and cold applications to the spine, combined with massage, and is now rapidly improving.

In answer to a question by Dr. Bartholow as to why efforts were not made by Dr. M. to eliminate the arsenic, it was replied that, as the patient did not come under his observation until four weeks after the ingestion of the poison, it was concluded that there was none to eliminate, since the best authorities all agree that if one poisoned by arsenic lives a week, the drug will have entirely disappeared.

In answer to a question by Dr. Gross, Dr. M. replied that while there was some abatement of sexual function, it was not lost.

Heloderma Horrida.

Drs. Mitchell and Reichert exhibited a living specimen of this lizard, and Dr. M. read a paper on the nature of the poison. The *Heloderma Horrida*, which is found in Arizona, is the only one of the lizard family that is poisonous. It is usually sluggish in its habits, and will not bite unless provoked; but when the full-sized lizard (it grows to a length of three feet) does bite, it produces a very poisonous wound, and can prove fatal. For the purpose of experiment, Dr. M. caused the lizard to bite on the edge of a saucer (which was no easy task, and required much pa-

tience, so unaccommodating was his lizardship) and when saliva commenced to flow, it was caught on a watch glass. Differing from the saliva of venomous reptiles, which is always acid, the spittle of the *Heloderma* is alkaline. A very small quantity injected into a pigeon, produced its effect in a tottering gait in less than three minutes, and caused death in less than nine. The specimen presented was fourteen inches long, fat and plump, and presented somewhat the coloring of a rattlesnake. Dr. M. expects an assortment of these lizards in the spring, when he will have more to say about them.

NEW YORK STATE MEDICAL SOCIETY.

The seventy-seventh annual meeting was held at Albany on Tuesday, Wednesday, and Thursday, February, 6th, 7th, and 8th, 1883; the President, Dr. Harvey Jewett, of Canandaigua, in the chair.

TUESDAY.

The session opened with an address by the President, in which he reviewed the great progress of our science of late years. He made reference to the act of 1872, creating a State Board of Examination, whose duty it should be to certify to the qualification of candidates for the honor of graduation from our medical colleges. The law was not made obligatory, and was not received with favor by the medical schools at the time, hence it has been inoperative and useless. He considers that it should be made compulsory.

He became eloquent in defense of the National Board of Health, and condemnatory of the niggardly action of Congress in the matter of appropriations thereto; and closed his address with a reference to Prof. James R. Wood, of New York city, Dr. George Burr, of Binghamton, and Dr. L. Foster Jenkins, of Yonkers, all prominent members of the Society, who have died since the last meeting.

Committee on Experimental Medicine.

The Secretary, Prof. John G. Curtis, of New York, read the report.

For the third time the Legislature of New York has expressed its disapproval of Mr. Bergh's antivivisection bill.

A communication from the Westchester County Society was received, transmitting the following resolutions, which had been adopted, in reference to the new Code:

Resolved, That this Society reaffirms its adherence to the principles of the Code of Ethics of the American Medical Association, and declares that, in its opinion, for a physician to extend professional recognition to irregular practitioners is to patronize and encourage irregular practice; and it is alike inconsistent with honesty of purpose and the pursuit of medicine as a science.

Resolved, That the Medical Society of Westchester County disapprove of the action of the New York State Society.

Resolved, That this resolution be referred to the State Medical Society at its next annual meeting.

Dr. D. B. St. John Roosa offered a resolution that this communication be referred to the Committee on By-Laws, and that the County Society be censured for its action in repudiating the By-

Laws of the State Society. He said he considered the tone of the communication as entirely improper, coming, as it did, from a district society to this Association, and criticising its proceedings.

Dr. Govan, of Stony Point, reminded the speaker that it would be highly inconsistent to condemn a county society for secession, since this Society itself has seceded from the American Medical Association.

Dr. Roosa denied most emphatically that the New York State Medical Society had seceded from any body. The American Medical Association is an unincorporated body, this Society being under no obligation to it, and never having subscribed to its rules. We do not consider ourselves in any way bound to obey the rules of the American Medical Association. This Rip Van Winkle body, this excursion association, was not thought of when the New York State Medical Society, incorporated in 1806, was already a scientific and important representative body of physicians.

Dr. Thos. F. Rochester, of Buffalo, said that the speaker was in error; this Society had bound itself to obey the rules of the American Medical Association, and had adopted its Code, and agreed to be bound by its provisions. If Dr. Roosa would turn to the proceedings of the Association, he believed that he would find that such a resolution had been passed by the New York State Medical Society.

Dr. Roosa—And abrogated last year.

Amid a call of several members for the question, a substitute for the resolution, offered by Dr. Piffard, that the communication be received and placed on file, was carried.

Monroe county presented a communication upon the same subject. A communication from the Oswego County Society took the opposite view.

The New Code.

Dr. Squibb, of Brooklyn, offered the following resolutions :

WHEREAS, The Special Committee on The Code of Ethics, in its report at the last annual meeting, recommended a change in one part of the code which was more in the nature of a revolution than a revision, and therefore, may be more radical than was expected or desired by the constituency of this society ; and

Whereas, That report was adopted at a session wherein only fifty-two members voted in the affirmative, and thus legislated for the entire profession of the State on a subject of vital importance, in a direction which may not have been anticipated or desired by the profession at large ; therefore, be it

Resolved, That all the action taken at the annual meeting of 1882, in regard to changing the Code of Ethics, be repealed, leaving the Code to stand as it was before such action was taken.

Resolved, That a new Special Committee of five be nominated by the Nominating Committee of the Society, and be appointed by the Society to review the Code of Ethics, and to report at the annual meeting of 1884 any changes in the Code that may be deemed advisable.

Resolved, That the report of this Committee be discussed at the meeting of 1884, and be then laid over for final action at the meeting of 1885.

This was made the order of business for the evening session.

Dr. Piffard then read a paper on "*The Pathology and Treatment of Acne*," which he considers to be not primarily an affection of the skin, but dependent upon disease of other organs. The principal causes he enumerated, as masturbation, gastro-intestinal disorders, amenorrhoea and uterine disease and certain conditions of blood. The rational treatment is to remove the cause.

A paper on "*Puerperal Eclampsia, and its Management by Induction of Premature Labor*," was read by title by Dr. W. W. Potter, of Buffalo, as was also one by Dr. C. R. Agnew, of New York, on "*The Dangers of Specialties in Medicine*."

"*Removal of Foreign Bodies from the Ear*," was the title of a paper by Dr. Samuel Sexton, of New York. If the patient is difficult to control, etherization may be required. The syringe should be used cautiously. He exhibited an instrument devised by himself for the purpose of seizing foreign bodies ; it is like a probe, with a ring at each extremity, which is inserted behind the foreign body and withdrawn. This paper gave rise to considerable discussion.

Dr. W. B. Chase followed, his subject being "*Hot Water as a Hemostatic*," which he highly recommends in surgical as well as obstetrical cases ; it does not interfere with primary union.

Dr. C. R. Agnew read his report as delegate to the American Medical Association. He stated that his credentials were refused, and that he was not admitted as a delegate. He received, however, many congratulations from members upon the stand taken by the New York State Medical Society.

At the Afternoon Session Dr. George H. Fox, of New York, read a paper on the treatment of "*Chronic Urticaria*," in which he spoke first of the disease as commonly due to functional disturbance of the abdominal viscera, combined with an abnormal condition of the sympathetic nervous system. To effect a cure we must always depend upon internal medication. An important class are those remedies which tend to eliminate from the blood imperfectly oxygenated material. Bicarbonate of soda, 3 ss., in carbonic acid water, half an hour before each meal. Colchicum is also a valuable agent, at the same time abstaining from meat.

Another important class of remedies are those which allay irritation of the gastro-intestinal tract, such as rhubarb, with occasional resort to mineral water. Bismuth, in some cases of gastric irritation, has proved exceedingly beneficial. Sulfurous acid, in drachm doses, three times a day in sweetened water, has proved especially efficacious.

A third class of remedies are those which act mainly upon the nervous system, such as quinia, arsenic, etc. Special reference was made to salicylic acid, balsam of copaiba, ergot, nettle-tea, etc.

The conclusion was that the treatment is largely empirical and highly unsatisfactory. The apparent value of drugs has been based partly upon careless observations, and partly upon the fact that the eruption often disappears suddenly without any treatment whatever.

The successful treatment must depend upon a knowledge of its etiology, and a diligent study of the causes of the disease will produce results

more conducive to its cure than blind experimentation with remedies.

The paper was discussed by Dr. Rochester, of Buffalo, who spoke of an emetic of ipecac as especially serviceable in the treatment of acute urticaria, and also of some chronic cases of the affection.

Dr. J. O. Roe, of Rochester, read a paper on "*The Pathology and Radical Cure of Hay Fever*," in which he announced the following conclusions:

First.—Hay fever is an affection not confined to any age or sex, and is not caused by the pollen of flowers or grasses, or by dust or irritating substances alone.

Second.—In some persons, the nasal mucous membrane is very susceptible to certain floating irritants, while in others it is not.

Third.—This peculiar hyperesthesia is caused by a diseased condition of the erectile tissue in the nasal passage.

Fourth.—The systemic effects in hay fever, viz., the lung, laryngeal, and other troubles, are all reflex in character, and are due to the local disturbance in the nose.

Fifth.—Treatment during an attack can only be palliative. The patient had better go where the floating irritating particles do not exist.

Sixth.—Curative measures should be attempted during the intervals of the attack. These curative measures consist in the entire removal of the diseased tissue.

Dr. W. F. Mittendorf, of New York, followed with a paper on "*A New Method of Applying Remedies to the Eye*."

The method consisted in the use of impalpable powders, made of gum arabic, with a very small quantity of sugar of milk, and containing the alkaloid to be used. The advantages claimed were that the preparations kept for an indefinite time unimpaired, and the quantity put into the eye could be regulated precisely. The disadvantages attending the use of aqueous solutions, such as formative fungi, which changed the strength of the solution; of vaseline, which in many instances simply suspended, and did not dissolve the agent used, etc. The powder is to be applied after the ordinary manner of applying calomel, from a camel's hair brush.

Dr. David Webster read a paper on "*Syphilitic Disease of the Labyrinth*," which was illustrated by two cases.

Dr. Orin D. Pomeroy read a paper entitled "*Syphilitic Disease of the Middle Ear, Labyrinth, and Acoustic Nerve*." The writer discussed the subject of the inflammation of these parts together, because their differentiation clinically was not often possible. The symptoms were enumerated, and consisted of deafness, vertigo, tinnitus, often facial paralysis, etc. Various accompanying troubles were mentioned. As to the pathology, it was thought that the middle ear was oftenest involved. The points in diagnosis and treatment were given.

Dr. Gruening read a paper on "*The Infusion of Liquorice Bean in Acute Pannus*." The formula for making the infusion is as follows: Take thirty-six beans, pulverized, place in 500 grammes cold water for twenty-four hours, then add 500 grammes of hot water, and filter immediately after cooling. Brush it three times a day on

the lids; it produces, in a few days, a decided croupous or purulent inflammation. When the fresh beans are used, the results are so brilliantly successful, that the patients are discharged, cured, in ten days.

Dr. Elsberg gave a demonstration of the use of the tongue spatula, and exhibited his instrument, first presented to the Society nineteen years ago. He claimed that the tongue should be pressed from before backward, and from below upwards—just the reverse of the ordinary practice.

Dr. David Little reported a successful case of ovariotomy without antiseptic treatment other than cleanliness and plenty of fresh air.

At the evening session Dr. Squibb's resolution concerning the code was brought up and defeated.

Dr. J. G. Adams, of New York, read the following protest:

"As a delegate from the New York Academy of Medicine, I beg leave to report my protest against the recent action of the Society of the State of New York in regard to the Code of Ethics; and I charge that the Society, by its action in this matter, has assumed an attitude and adopted a policy in direct and open hostility to the honor as well as the best interests of the medical profession.

(Signed), J. G. ADAMS."

The Association then adjourned.

WEDNESDAY.

The history of the successful attempt to provide a hospital for scarlet fever in New York City was given.

Dr. Paul F. Mundé read a paper on "*The Etiology and Treatment of Certain Forms of Non-puerperal Uterine Hemorrhage*."

In using the word hemorrhage, he wished to limit it to bleeding either during or between the menstrual flows.

1. It may be caused by simple erosion of the surface of the neck of the uterus. The diagnosis can only be made with the speculum. The cervix is seen to be roughened, red, and easily bleeding. He recommended exposure of the cervix with speculum, wiping it dry, and the use of nitrate of silver ($\frac{3}{4}$ j to $\frac{5}{4}$ j) thoroughly applied, and dry iodiform applied upon a pledget of lint. The tampon should be kept in for 24 hours, and then reapplied every day, or every other day, and be followed by injections of sulphate of zinc. Sometimes he uses caustics, or the actual cautery; pyrolygneous acid, chromic acid; a surgical operation has been recommended by Emmet, consisting of paring the surface, and stitching the edges together.

2. Slight lacerations of cervix often bleed from touch, coition, or even in walking. Treatment consists in snipping off the granulations with scissors, and cauterizing the base with nitric acid. Trachellorrhaphy is required in gaping lacerations.

3. Chronic subinvolution is a very common cause of bleeding, both inter-menstrual and menstrual. He has been very successful by applying Churchill's tincture of iodine, and internally pills of strychnine, ergot, and iron. Hot water injections are often valuable; galvanism is sometimes useful.

4. A prolonged bleeding may result from the retention of menstrual blood by a pin-hole external os, with dilated cervical canal, and second-

arly from retroflexion. The treatment is by enlarging the external os by cervical incision, and trimming off the edges, making a funnel-shaped os, when the bleeding will cease.

Dr. H. D. Didama, of Syracuse, said: "Believing that the so-called new Code of Ethics is opposed to the opinions of the vast majority of the medical profession throughout the world, as expressed in the action of county, State, and national associations, and in discussions in medical journals; and believing, also, that this so-called code, by removing wholesome restraints, encourages a spirit of lawlessness and sanctions fraud, that it is hurtful, not only to the profession, but to the public, that its adoption sent a thrill of joy through the heart of every quack in the land, and gave pain to the wisest and best of our associates in the regular profession; and believing that its repeal can be secured by concerted action of the friends of honesty and good order, I offer the following amendment to the by-laws.

"Resolved, That all action taken at the annual meeting of 1882 in regard to changing the Code of Ethics be repealed, leaving the Code to stand as it was before such action was taken."

Dr. Wey moved that the matter lie on the table, as the question was already covered by the resolution offered last evening.

Dr. Roosa denounced the resolution, and stigmatized Dr. Didama's remarks as an insult to the majority of this Association, and hoped that the motion would be laid on the table.

Dr. Didama stated that he had expressed his private opinion, but he believed that he also expressed the opinion of the majority of the profession of this State, and of the Union, and of the world. He claimed his constitutional right to present an amendment to the By-Laws.

The point of order was made that no motion was before the meeting, the author of the resolution consenting to allow it to lie over until next year.

Dr. H. Knapp, of New York, read a report on the eighth series of "One Hundred Cataract Operations."

The results were that among one hundred cases there were ninety good results, seven moderate results, two failures, and one case not recorded, as the patient died of haematuria. The method of operating was Graefe's modified linear.

Dr. Roosa read a paper on "Some of the Dangers of the Injudicious Use of Quinine."

In a paper read before the American Neurological Association, in 1874, the author called attention to some possible dangers to the organ of hearing from the injudicious use of quinine. From a series of experiments upon animals, undertaken in conjunction with Dr. Hammond, he had found congestion of the internal ear and injection of the optic papilla. In some there was also evidence of retinitis. There is a special danger in those cases where hyperemia of the eye or ear already exists. He wished to call special attention to this danger in the treatment of pyæmia. He had, with Dr. Ely, treated such cases without quinine, with success. He deplored the popular use of quinine for slight reasons, as, for instance, on no other provocation than merely an aggravated cold. He was behind no one in his appreciation of quinine in proper conditions, such as an intermittent fever

or neuralgia; but he wished to recall to the attention of the profession this possible danger to the organ of hearing from the ordinary doses. Pyæmia is precisely the morbid condition in which quinine should not be given, for it is essential that there be no obstruction of the emunctories, and quinine just favors this obstruction. Again in aggravated colds, it is positively harmful by increasing hyperæmia of the delicate organs of hearing. He recommended the anodyne treatment and confinement of the patient in a warm room, instead of relying upon quinine, which increases tinnitus and general distress. In malarial cases proper he believed that the morbid poison would warrant a slightly increased danger to the organ of hearing. It is true that quinine reduces temperature, but some practitioners aim particularly at reducing temperature in all cases of fever, without regard to the risk to the patient of inducing sudden collapse. In conclusion, he thought that popular use of a powerful remedy can usually be traced to careless practice in the hands of physicians.

Dr. H. W. Williams, of Boston, then made some remarks on "Erysipelas as extending into the Orbit."

He had seen four cases of orbital cellulitis resulting from facial erysipelas, and had never met with a case of this kind until two years ago, nor had any been brought to his notice in literature until after he had seen his first case. The symptoms were pain, projection of the eyeball directly forward rather than to one side, pale condition of the fundus, sensation of fullness, great engorgement of the tissues, swollen lids, chemosis of the eyeball. The treatment recommended was early evacuation of the pus, and this he did in all his cases by means of deep punctures.

Dr. Daniel Lewis, of New York, presented a paper on "The Development of Cancer from Non-Malignant Disease," which was read by title.

Dr. Robert Newman read a paper entitled, "The Use of Suppositories of Gelatine for Local Medication."

The speaker had used cocoa butter and various other substances, but with no good result. Two years ago he began to use bougies of gelatine, and with great success. The speaker showed suppositories of this material for the urethra, rectum, nose, vagina, sinuses, etc.

Especial attention was called to the urethral bougies. Their advantages lay in being neat in appearance, soft, elastic, flexible, not easily broken, and slowly dissolved. They contained the medicines equally dissolved and distributed. They are not injured by time or temperature.

The best time to introduce them was at night, and not in the daytime. They had better be moistened with water. In order to keep them in, apply a small piece of cotton at the urethral orifice, and over the latter a bit of adhesive plaster. They are to be used *only* when the urethra is acutely inflamed, and will not tolerate anything.

A number of cases were reported. In prostatitis great care must be used; ten or twelve bougies will generally be sufficient.

Dr. Pooley, of New York, read a paper on "Rupture of the Chordoid." A number of cases were related illustrating this trouble. The patient's history, with distorted or more or less loss of vision, and the ophthalmoscopic appearances of a crescentic white patch with concavity toward the optic disk, revealed the disease.

Dr. Frederick Hyde, of Cortland, read a paper entitled, "When Shall the Trepbine be Used in Fracture of the Skull?" The general tenor of the paper was in favor of a non-conservative treatment of cranial fractures. The writer especially urged the use of the trepbine in cases of fracture, even when symptoms of pressure were not present.

Dr. T. H. Squire, of Elmira, read a paper on "Some Points in Respect to Ovariotomy." The first was with regard to the proper form of trocar. The speaker thought that a plain tube with a slot half an inch from the extremity would be an improvement on that generally used. The inner canula might often be dispensed with.

The second point was as to the time when ovariotomy should be performed. There used to be a belief that the operation should be delayed. The speaker thought that the tendency now was to perform it as early as possible. A course of preparatory treatment would always be needed.

Dr. Squire also gave the history of a case of "Vesical Calculus" occurring in a girl seventeen years of age. It was removed through the urethra, which had been fully dilated. The nucleus of the stone was some foreign body, like a pin or needle, which had been left in the bladder.

Dr. L. E. Felton, of Potsdam, then read a paper advocating "The Use of Lactic Acid in Diabetes Mellitus."

He reported the case of a young man, aged twenty-two years, who was passing three gallons of urine, containing large quantities of sugar, sp. grav. 1,040. Strictly meat diet was ordered; lactic acid (one drachm and a half daily) and five pounds of flesh daily. The patient was kept under treatment for four months, and recovered entirely, the diet being gradually extended.

Several other cases were appended in which good effects were likewise observed under the use of lactic acid and a strictly sour-milk and meat diet. The cases were all under thirty years of age, and were free from the disease, except when taking food containing sugar. Skimmed milk or sweet milk caused return of glycosuria.

Dr. W. Gillis, of Fort Covington, reported a case of "Punctured Wound of the Skull Through the Orbit, by the Tine of a Hay-fork, in a Child." The tine passed to the depth of nearly four inches into the left orbit. There was facial paralysis, lasting for some months, but afterwards all symptoms disappeared, except that it was impossible to teach him to talk.

Dr. Hopkins reported a case of a woman, 70 years of age, with "Right Hemiplegia and Absolute Aphasia." Intelligence preserved. Afterwards second attack of apoplexy occurred, and the patient died. No autopsy.

In the evening the annual banquet was held, before which the President delivered his annual address, taking for the subject "Some of the Perils to Life from Preventable Diseases."

THURSDAY.

Dr. L. D. Bulkley, of New York, read by title a paper on "The Management of Some Forms of Eczema."

Dr. Howe, of New York, offered an *Amendment to the By-Laws.*

Which was laid over for one year, "That the Code of Ethics of the American Medical Association be substituted for the Code adopted by this Society in 1882." He said that then, when our State Society had gained an unquestionable right to representation, that our delegates should be instructed to advocate such modification of the National Code as shall be in accordance with a spirit of greater liberality, or even, if advisable, to urge its entire abolition.

The following officers were elected for the ensuing year:

President.—Alexander Hutchins, M. D., of Brooklyn.

Vice-President.—H. G. P. Spencer, M. D., of Watertown.

Secretary.—William Manlius Smith, M. D., of Syracuse.

Treasurer.—Charles H. Porter, M. D., of Albany.

EDITORIAL DEPARTMENT.

PERISCOPE.

Feigned Skin Disease.

Dr. T. Colcott Fox records the following instructive case in the *Lancet*, December 30, 1882. A. S., aged nearly sixteen years, a furtive-looking general servant in London, presented herself at the Skin Department of the North-west London Hospital on the 28th of November. The catamenia commenced at the age of thirteen, but had since been irregular, and for the past year absent. She was fairly well nourished, but pasty-looking, and her finger-nails were markedly grooved. She applied on account of three excoriated patches

which appeared on November 21st, close together on the front of her left leg, and had, she stated, given her great pain, and caused her to lie awake sobbing at night, so that her mistress had no longer the heart to keep her at work. The suggestion had been made that the sores were caused by the dye from her black stockings, and the girl said that she had dressed the places with "Moore's ointment." One sore was perfectly oval, another nearly heart-shaped, and the third triangular, with a horn at each angle at the base. The patches measured about $1\frac{1}{4}$ in. by $1\frac{1}{2}$ in. to 2 in., and the long axis was in the direction of the limb; they were simple uniform weeping excoriations, with hardly any attendant inflammation. Sus-

pecting the nature of the lesion, I ordered a simple dressing and a saline aperient, and talked of admitting the girl into the hospital if more sores appeared. On December 5th she returned with a transversely oval sore just above each mamma (a very characteristic site in feigned cases), but not quite symmetrically situated. There were two others above the left ankle-joint, and one on the outside of the right calf, all longitudinally oval simple excoriations, with a well-defined border, except on one sore, where the abrasion was not complete at one end, and only papulation existed, suggesting a cantharides application. There was a dark-brown blood scab on some. She was admitted to the wards. On December 6th a transversely oval patch appeared just below the left mamma; and another, longitudinally oval, covered with a slight scab, on the right hip. The girl, from time to time for twenty-four hours after admission, had prolonged fits of hysterical sobbing. On the 12th a sore appeared on the right shin near the ankle, and another on the right mamma, between the site of a former excoriation and the areola. There was a remarkable uniformity in the size of the patches throughout. As to the agency at work, I never could detect any evidence of the formation of a bulla, and the patches were too superficial for causation by an acid; moreover, repeated examination of the clothes, bedding, etc., at convenient times and unbeknown to the patient, failed to furnish any clue. On the 16th, no more excoriations having appeared, I taxed the girl with producing the eruption artificially, and, after prolonged denials, she confessed that she had done so, partly by her nails, but mostly by continued rubbing with the tops of her fingers. Probably the malingering was not altogether motiveless, and she desired a rest from her household labors. She proved to be very troublesome and disobedient in the ward, and I learnt from her father that she was an incorrigibly bad girl and a constant source of worry. The case is of interest as establishing an agency which has hitherto only been suspected as possible. Whether the skin in these cases is peculiarly sensitive to injury is a point for further investigation.

Syphilitic Inflammation of the Capsule of the Liver.

Dr. Sharkey read the notes of this case before the Pathological Society of London (*British Medical Journal*, January 20, 1883).

The patient was a man who was admitted under the late Dr. Murchison in 1876. He was suffering from diarrhoea, and his liver was much enlarged, reaching to the umbilicus, and presenting a large, faintly-nodulated mass, apparently projecting from the left lobe. In 1878 he was readmitted, suffering from haematemesis, melæna, dropy, and slight jaundice. He died a little later. At the *post mortem* examination the liver was found to weigh 6 lbs. 7 ozs.; the surface was coarsely nodulated, and the whole contour of the organ was distorted; from the capsule inwards for an inch and a half a growth of hard fibrous material extended; this was due to a fibrocellular new growth springing from the capsule, and extending along the lines of Glissen's capsule; in this growth were imbedded small gummatous,

centres of which were caseating. The patient gave a distinct history of alcoholism, but not of syphilis.

Dr. Mahomed inquired whether there were any other signs of syphilis. The drawing shown by Dr. Sharkey did not seem to exhibit anything that might not be found in alcoholic cirrhosis. He referred to a liver, which he had recently removed from a body, where the right lobe was greatly contracted, while the left was large and cirrhotic: he felt great hesitation in classing such a case as this as syphilitic.

Mr. Butlin thought that it was hardly safe to make these small so-called gummatous conclusive evidence of syphilis; they might just as probably, from the evidence offered, be attributed to caseation of the products of inflammation.

Dr. T. H. Green inquired whether fibroid disease of the liver, extending inwards from the capsule, was ever found in any cases where syphilis was not an element in the causation. He believed that, as a rule, there was not much difficulty in coming to a decided opinion with regard to the nature of gummatous.

Dr. Norman Moore thought there were no visceral lesions, other than large gummatous, which, by themselves, so distinctly pointed to syphilis, that it was, in every case, safe to speak positively. He thought that where a thickening of the capsule extended into the liver substance, that was good evidence of the existence of syphilis; still he had recently seen a case which contravened this generally held opinion.

Mr. Roger Williams referred to two cases of syphilitic disease of the liver which he had seen.

Dr. Samuel West believed that cases of chronic fibroid growth, extending from the capsule into the liver, and due to peritonitis, were not uncommon; but that cases of a syphilitic nature had certain well recognized characteristics.

Dr. Goodhart thought that, in the vast majority of cases, it was easy to recognize syphilitic disease of the liver, the changes being so characteristic.

Dr. Coupland agreed with Dr. Goodhart. He had seen several cases where the lesion was limited to a capsulitis, quite distinct from ordinary cirrhosis; in such cases, gummatous were often not found. He wished to inquire whether the testes had been examined.

Dr. Buzzard inquired whether the eyes had been examined with the ophthalmoscope.

Mr. Thorburn inquired whether the penis had been searched for traces of old disease.

Dr. Sharkey said that there were no other evidences of syphilis, beyond those which had been described in the liver. He thought, however, that the small gummatous were perfectly characteristic. Neither the penis nor the testes were examined. The changes in the eye were nothing more than small retinal hemorrhages, and not at all characteristic of syphilis.

Convallaria Majalis in Heart Disease.

The *Medical Times and Gazette*, January 6, 1883, says: "In three recent numbers (44 to 46) of the *Wiener Medizinische Wochenschrift*, Dr. B. Stiller has reported twenty-one cases of heart disease

treated by a Russian remedy which rejoices in the name of *Convallaria majalis*. The credentials with which Bogojawlensky sent the drug forth to the medical world were—that it affected animals in a manner analogous to digitalis; that it made an irregular pulse regular, diminished dyspnoea, and increased the amount of urine; and that it did not suffer from the failings of digitalis in the way of cumulative effects. Another set of observers, Bötkin and Troitzky, confirmed these claims, and further lauded the use of the drug in cases of nervous palpitation. At the end of last year other Russian physicians corroborated previous accounts, and, moreover, praised the remedy as of value in exophthalmic goitre. It would appear that convallaria contains two glucosides, one of which was pointed out as a heart poison by Marmé in 1867, and this, given in small doses to warm-blooded creatures, prolonged the cardiac stroke without raising the blood-pressure. It is further stated that the plant was formerly employed as a diuretic, and popularly also in epilepsy and neuroses generally.

In the course of the present year, Germain Sée (*Tribune Médicale*, No. 16) employed a watery extract, in experiments on animals and clinically, instead of the usual infusion; according to him the watery extract regulates the frequency and rhythm of the heart-beats, increases the strength of the contractions, raises the blood-pressure, lessens the shortness of breath, and causes polyuria. He prefers the drug to the digitalis because it does not produce cumulative effects, does not upset the stomach, and is not hampered by contra-indications. Stiller used the infusion, and observed no unpleasant symptoms, e. g., nausea, vomiting, diarrhoea. The taste is bitter, but not disagreeable, and at all events, nearer than digitalis. Seventeen persons were treated by Stiller, some for relapses, making a total of 21 cases, 15 of whom were males; the ages varied from eleven to seventy years, and the diseases were 4 cases of mitral insufficiency with aortic regurgitation, 1 of pure mitral regurgitation, 4 of regurgitant and stenotic mitral disease, 4 of mitral stenosis, 5 of weak heart and dilated left ventricle, and, lastly, 2 cases of Graves's disease—altogether a motley group of cardiac diseases. Out of the 21 cases, 17 gave absolutely negative results with convallaria—there was not the least influence on the frequency or rhythm of the heart's action, etc. Some of these cases proving intractable to convallaria were subsequently benefited by digitalis: two individuals experienced a certain degree of the diuretic effect of the new drug without any other of the vaunted phenomena, not even the dropsy being diminished; two patients underwent decided improvement in most of the cardiac symptoms during the use of the new medicine, but these cannot outweigh the large balance of negative results. Stiller, therefore, is unable to echo the praises of the liliaceous drug sounded in Petersburg and Paris. The explanation of the conflicting experiences may be found in the quality of the medicament, or in the mode of its preparation, on which features we are unable to give further particulars owing to absence of such information in the papers to which we have referred.

The Pathology of Whooping-Cough.

At a late meeting of the Medical Society of London (*Lancet*), Mr. Dolan read an abstract of his essay on whooping-cough, to which had been awarded the Fothergillian medal of the Society. Dealing with some points of its pathogeny, he expressed his dissent from the view of Guénneau de Mussy, that the malady was a bronchial adenopathy, its chief symptom being induced by pressure on the vagus by the enlarged glands, and showed that the glandular enlargement was not always present in pertussis, and further that the glands may be swollen without producing the characteristic cough. The disease, indeed, bore much resemblance to those diseases, the causes of which are now believed to be minute organisms or fungi. Its highly contagious nature, period of incubation, effervescence and defervescence, its regular course, and the immunity from subsequent attacks, were grounds of analogy determining the place of pertussis in the group of diseases caused by protophytic fungi. The attempt by Linnæus to prove that all diseases were produced by animalcula, or had an insect origin, foreshadowed the conclusions now arrived at by the discoveries of Pasteur. In 1867, Poulet found bacteria in the sputa of pertussoid patients, and Letzterich had induced whooping-cough in rabbits by inoculating the trachea with sputa from the human subject. The author had repeated these experiments, and found that whilst inoculation with the blood of whooping-cough patients was without effect, that of sputa and other secretions caused death. He had found also on microscopic examination of sputa ordinary bacteroid forms, and a microbe resembling the spirochate plicatis of Cohn. The application of special methods of staining, as employed in the detection of bacillus tuberculosi, would no doubt reveal the special microbe of pertussis. Admitting the fungoid nature of pertussis, its contagious property was easily explained by germs being thrown off into the air and received into the body, setting up constitutional disturbance, and subsequently attacking the pulmonary epithelium, giving rise to all the phenomena of pertussis. No pathognomonic lesions could be detected on post-mortem examination, for the simple reason that whooping-cough was rarely fatal; death resulted from complications, which were very numerous. As to glycosuria in whooping-cough, he had found it present in fourteen out of fifty cases. Turning to the question of treatment, he pointed out the necessity for measures of isolation in preventing the spread of the disease, for the enforcement of which measures the co-operation of all classes of the community was needed; and although the course of the disease could not be controlled by treatment, the patient could be placed in the most favorable circumstances toward recovery; certain painful and prominent sources of trouble could be relieved and complications guarded against, so as to assist nature in her efforts to throw off the disease. There was no panacea or specific remedy, but if the dependence of whooping-cough upon a specific virus be the true explanation of its pathogeny, the lines on which its rational treatment and prophylaxis were to be pursued became clearer and more hopeful.

Rupture of Uterus Probably Due to Ergot.

The rupture of the uterus from ergot, with death occurring several hours later, is so rare that the case reported in the *Boston Medical and Surgical Journal*, February 8, 1883, by Dr. E. M. Buckingham, is worthy of note. The woman, multipara, was given two teaspoonfuls of fluid extract of ergot, with the effect of causing, for a time, very severe pains, which suddenly ceased. From eleven in the morning until seven in the evening there were no pains. She seemed in good condition. She was etherized, and as one hand and a pulseless cord had descended into the vagina, it was decided to turn and deliver. The head stuck behind the pubic arch, and while efforts were being made to extricate the woman suddenly collapsed. The ether had never been pushed to snoring. All efforts to resuscitate were unavailing, and she died. The head was removed by forceps. The placenta was removed, and he felt a tear through the muscular wall of the uterus, to the right of the median line, and near where the placenta had been. This was large enough to insert the hand, and there was a smaller tear in the peritoneum behind it.

Rupture must have occurred either as a result of the forced pains caused by ergot, from the use of forceps, or from turning. He does not believe that it was done during turning, because the uterus was then lax, and there was no resistance until the head was under the pubic arch, and because the accident can be otherwise, and he thinks better explained; neither does he think it was done by the manipulation of the previous attendant, for although trying to apply forceps with the patient tossing about the bed may be dangerous, yet this was after the occurrence of a pretty well recognized symptom of rupture, that is, very severe pain, pain that was complained of hours later by a woman who had borne several children, and which suddenly ceased.

He supposes that the emptying of the uterus in this case either increased the tear or caused hemorrhage into the peritoneum, either of which would explain the sudden failure.

Uraemic Psychosis.

Dr. Edward T. Bruen reports a case which he calls *Uraemic Psychosis*. A man between 40 and 50, in whom the diagnosis of interstitial nephritis had been established, and in whom the ordinary cardiac and arterial lesions attendant upon this disease were moderately well marked, together with the usual symptoms found in such cases, but without any mental disturbance, awakened one morning in a state of confused intellect. In a few hours intense excitement and wild hallucinations manifested themselves. The skin was bathed in sweat, pupils immobile, pulse slow, and respiration only ten per minute. At times the excitement tended to deepen into stupor and coma, but soon the psychical disturbances reasserted themselves. This state lasted three days, when the patient recovered his ordinary condition, and was unaware that anything unusual had transpired. The chief item in the treatment consisted in the free use of jaborandi, until copious diaphoresis was produced, which was not considered contra-indicated by the already

existing leaky skin, produced, as it evidently was, by repletion of cutaneous vessels, and hence was a transudation, and unable to eliminate the products of retrograde tissue change, that the direct stimulation of the sweat-glands by the remedy produced.—*Med. Times*, January 27, 1883.

REVIEWS AND BOOK NOTICES.**NOTES ON CURRENT MEDICAL LITERATURE.**

—The Gulf Coast of Florida has not received the attention its climatic character merits as a health resort for invalids during the winter months. Years ago we passed a month or two there, and can therefore endorse from our own recollections the very favorable commendations of it lately published by Dr. R. J. Levis, of this city. The following extract gives his views:

Of the extended seaboard of Florida, the Gulf Coast stretches over seven hundred miles. The climate of this coast has, in my opinion, more of the essentials of a good winter resort for invalids than any other of which I know. I make this statement after some personal experience over a large extent of the coast, from much conference with invalids who have happily tested its merits, and from a comparison with the thermometric and hygrometric records of many of the various popular health resorts of the world. The west, or Gulf, coast of Florida has a temperature more mild, equable and dry than that of the corresponding Atlantic border. As compared with that of the much-frequented region of the St. John's river, in the winter season it is free from malarious influences, fogs are unknown, and the opportunities and inducements for an out-door life are far greater.

Dr. Levis' article has been reprinted with a map of the Gulf Coast, and may be had gratuitously by forwarding a two-cent stamp to this office.

—A paper by Dr. A. N. Blodgett, of Boston, on the management of chronic inebriates and insane drunkards, argues in favor of absolute abstinence, the separation of dipsomaniacs from others, and condemns as nearly useless all existing institutions for inebriates. He appears to us to be altogether too positive in his charges of inefficiency against the last mentioned.

—A little book written and distributed by Jas. I. Fellows, London and New York (48 Vesey street), on the use of the syrup of the hypophosphites in some affections of the organs of respiration, is worthy the attention of those who would prescribe this remedial agent. The book is distributed gratuitously to applicants.

THE
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D. G. BRINTON, M. D., }
JOSEPH F. EDWARDS, M. D., } EDITORS.

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LEAGUE ISLAND NAVY YARD.

League Island, it may not be known to everybody, is a bit of swamp land at the junction of the Delaware and Schuylkill rivers, which the United States, in its wisdom, selected some years ago as the site of a navy yard.

What advantages it possessed for this purpose have never been clearly ascertained. What disadvantages, on the other hand, it presents and always has presented, have been abundantly clear to all concerned, and have been brought into still stronger light by the full and accurate report of Surgeon G. H. COOKE, which has just appeared in the *Report of the Surgeon-General, U. S. Navy.*

The highest natural level of the island was originally not quite three feet above low water mark; but the slime and mud, dredged from the "Back Channel," has been heaped upon it in places so that now the greatest height is ten feet above low-tide level. Formerly the island was drained by intersecting ditches, but now, owing to "lack of funds," these are neglected, and in summer form stagnant, slimy pools, full of decaying organic matter, animal, vegetable, and fecal.

On digging anywhere in the island, water—or a foul fluid so-called—is reached at the depth of about eighteen inches. Consequently there is no drainage, and cannot be any. The privies and cess-pools are mere holes in the ground, whose contents permeate the surrounding boggy soil, and saturate it with their poison.

On one side of the island the sluggish waters of the Schuylkill carry back and forward with the tide the refuse of the city abattoir, large masses of sewage, waste products of gas and coal oil works, and other impurities, which sink in its waters and form a stratum of about one inch yearly of black, fetid mud.

On the mainland immediately adjacent to the island there are numerous ranges of hog-pens, to which are brought immense quantities of offal and garbage from the city. The land between them is principally used for truck patches, which are manured with night-soil just as it is brought from the privies of the city. Bone-boiling, fat-render-

ing, and poudrette establishments are scattered here and there. Pools and swamps covered with green slime and filled with dead animals and decaying weeds are met with throughout this low ground called "The Neck."

"It is a continual subject of remark," says Dr. COOKE, "on the part of persons approaching the Neck after sunset, from the built-up portions of the city, that as soon as the open fields are reached a cold, damp, heavy atmosphere strikes a chill to the system, and a mist hangs low over the land; which mist increases in density and depth as League Island is approached."

No wonder that the Report we are quoting from goes on to say that League Island "presents, in an eminent degree, all the conditions necessary to develop to its fullest intensity the malarial poison." No wonder that the sick report shows a constant and heavy percentage of malarial cases, and a general deterioration in the health of the men and officers there stationed.

Can these unhealthy conditions be remedied?

Dr. COOKE answers that the difficulties are "almost insuperable," and points out that the nature of the soil, its low level, its thorough infiltration with organic matter, and the utterly insalubrious surroundings, can scarcely be overcome. Even the expenditure of "millions of money and years of labor" would fail, in his opinion, to insure a positive and permanent salubrity to this ill-chosen locality.

What is the inference from all this?

It is, that the selection of League Island as the site of a navy yard was a piece of gross ignorance, or heartless political jobbery, which would sacrifice the life and health of thousands of men to the profit of a few interested persons. The hundreds of thousands—millions, probably—that have been spent there, have been worse than wasted. Without more ado, the site should be given up, and the navy yard moved altogether away from this city, unless we can show a better site for it. We have no moral right as a nation to condemn the officers and men of our navy to such a pest-spot as League Island.

THE COLLECTIVE INVESTIGATION OF DISEASE.

This subject, which at the present time seems so attractive to the profession of England, is one well worthy of our most serious consideration. Two eminent Englishmen, Sir James Paget and Sir William Gull, recently addressed their confreres on this matter, the latter of whom said, "There are many 'every-day' diseases which have not as yet been submitted to a scientific inquiry." He appealed, especially to general practitioners, for help in this research, and here he struck the true key-note. For, as he justly remarked, "hospital practice is worth very little without a good admixture of general practice to correct it. Men with hospital appointments are apt to see only the severe cases, isolated cases, and are unable to get at early and accurate histories." The importance of family history, with a view to trace, if possible, the variations of the same dyscrasia, in different individuals of the same family, and at different ages, was insisted upon. This is very often impossible in hospital practice. How is it that some persons are more susceptible to the influence of poisons than others?—had their predecessors, so to speak, been vaccinated, and thus acquired for their descendants an immunity which others, not so vaccinated, did not enjoy? Thus the peculiar fever which visitors to Rome so frequently get is not endemic among the stationary population. Sir James Paget stated that Darwin had made his name immortal as much from the manner in which he had worked, as from the matter at which he worked. He feared that a great deal of work was lost because no records had been kept; and records were not kept, often, because the matter seemed too trivial for record. This is a vital mistake: with but a few isolated exceptions, it is not the rule in our profession to keep records of our trifling cases; and yet, as distinguished authority tells us, and experience amply teaches, it is from the aggregation of certain phenomena presented by observation of these seemingly trivial cases, that we are enabled to formulate definite laws.

By the aid of a little system, it would not add much to your labor to make a full record of the

family history and symptoms of each case you are called to attend.

If you were to faithfully do this, and at the end of six months review your records, you would surely find sufficient of interest to form the material for a paper to be read before your medical society, and by the aggregation of such experiences, and their comparison, much light would be thrown on our studies. Do not forget this suggestion, but try it, and see if you do not find it to work admirably.

THE NEW ANATOMY ACT.

The bill which has just been presented to the Legislature, to regulate the supply of dead bodies for dissection, is one eminently worthy of the support of the profession and of all who are interested in human welfare.

It provides for the receipt of all the unclaimed dead from all the counties of the State, who would otherwise have to be buried at the public expense, by a committee, who shall distribute them pro rata among the colleges and schools of anatomy containing twenty-five students or more.

This committee will be under bonds to faithfully and honestly do their duty, and not to traffic in nor to send without the State the bodies so procured.

Anatomy is the universally recognized *sine qua non* foundation of all medical science, without a knowledge of which a competent physician is an impossibility.

Dissection, likewise, it is universally conceded, is the only true way to learn anatomy; that derived from books being nearly worthless, unless supplemented by the practical acquaintance with the subject which dissection alone can impart; and finally, to dissect, students must have material. So well do students realize the importance of dissection that they *will* procure the material for it, by fair means, if possible; if not—well, we may have numerous repetitions of the newspaper sensation of last fall. Medical students and medical teachers are as a rule just as law-abiding as any other class of citizens, and it is not their wish to break the laws: but they must have material.

If, perchance, there may be some solitary individual opposed to this act, let him pause and realize that if such legislation is not framed, the temptation to crime is great; for, to repeat, the history of our profession teaches us, in unmistakable terms, that anatomy *must* be studied in the dissecting-room, by the side of the dead body. Let us trust that our legislators will not put a premium upon grave robbery by failing to pass this bill; but that, realizing its paramount importance, they will rush it through with all possible dispatch.

THE SUPERVISION AND CONTROL OF LUNATIC ASYLUMS.

The Special Commission, appointed last May, by Governor Hoyt, to examine into the present system for the care of the insane of the State, etc., has made a report and prepared a bill, which is now before the legislature for action.

To those interested in the subject, we would suggest careful perusal of the bill, a copy of which can be obtained by application to any of the Commission.

Prepared by fully competent gentlemen, we can only find one section to which we can take exception; and this, constituting as it does the greatest abuse of the present system, is the portion calling most loudly for change.

"No person shall be received as a patient, or for detention, into any house or place where more than one insane person is detained, or into any house or place where one or more insane persons are detained, for compensation without a certificate signed by at least two physicians, who have been actually in the practice of medicine for at least five years, both of whom shall certify that they have examined separately the person alleged to be insane, and after such examination had, do verily believe that the person is insane, and that the disease is of a character which in their opinion requires that the person should be placed in a hospital or other establishment where the insane are detained for care and treatment, and that they are not related by blood or marriage to the person alleged to be insane, nor in any way connected as a medical attendant or otherwise with the hospital or other establishment in which it is proposed to place such person."

We do not fear contradiction when we make the unsavory statement that it would not be an impossible thing to *purchase* the opinions of two reputable physicians—of University or Jefferson

graduates; and herein lies the faultiness, and the only one, of this bill.

As an offset to this possible contingency, it is provided—

"In case the said medical attendant is of the opinion that a detention is not necessary for the benefit of the patient, he shall notify the person or persons at whose instance the patient is detained, and unless such person shall, within twenty-four hours, exhibit satisfactory proof of such necessity, the patient shall be discharged from the house and conveyed to the nearest place where a public conveyance can be obtained by him.

"At the time of such examination, the medical attendant shall himself cause the patient distinctly to understand, if he or she is capable of doing so, that if he or she desires to see or otherwise communicate with any person or persons, means will be provided for such interview or communication; and said attendant shall personally see that proper means are taken to communicate this fact to the person or persons indicated by the patient, and any person or persons whom the patient may then desire to see shall be permitted to have a full and unrestrained interview with the patient;" and

"During the detention of any person as insane, any medical practitioner designated by him or by any member of his family, or 'near friend,' with the sanction of a judge of a court of record of the county in which such insane person resided at the time of his removal and detention, shall be permitted at all reasonable hours to visit and examine the patient, and such medical attendant shall, unless objected to by the patient, be permitted, by request of his or her family, or 'near friend,' and with the consent of the physician-in-chief of the establishment, to attend the patient for all maladies, other than insanity, in the same manner as if the patient were in his own home.

"All persons detained as insane shall, at all times, be furnished with materials for communicating, under seal, with any person without the building, and such communications shall be stamped and mailed daily. Should the patient desire it, all rational communications shall be written at his dictation, and duly mailed to any relative or friend named by the patient."

On the principle that "possession is nine points of the law," it is very easy to conceive that when two *reputable* physicians have declared a person insane, any subsequent physician or authority will naturally be, to a certain extent, prejudiced against, unless, on account of personal considerations, he is unduly prejudiced in favor of, the sanity of his *friend*.

Recognizing the dimness of our acquaintance with the border line between sanity and insanity, we realize how difficult it would be to provide against such possible errors, but we would make a suggestion:

If a commission of three physicians should have to pass on the question, we should have a checking influence on the action of the two. If the bill should provide for the permanent establishment of a paid (and well paid) board of three physicians, to pass upon all questions of sanity throughout the State, a certificate from the majority of them being a necessary preliminary to a commitment; and if such Board were appointed by, say the Trustees of the University of Pennsylvania, upon the recommendation of the Provost, we should have the best possible guarantee of integrity in this terrible responsibility of declaring a fellow-being insane.

With this one important exception, we heartily endorse the proposed bill; and with such a modification, urge our readers to use their influence to have it made a law.

NOTES AND COMMENTS.

Tissue Change in Fevers.

We can undoubtedly learn a great deal from the change of tissue, as it proceeds in fevers, by carefully examining the excretions and comparing them with those during health. Usually the excretion of phosphoric acid or its salts is diminished during febrile states, and the view had been adopted that we had to find the source of nitrogen in fevers mainly in the red corpuscles. Dr. Edleszen, who has made this subject a special study (*Mitt. d. Vereins, Schlesw. Holst. Aerzt.*, 1882-3), believes, however, that the great diminution of the excretion of phosphoric acid depended especially upon retention, and that the phosphorus was used by the organism in the transient formation of white corpuscles, which is so frequently noted in febrile conditions. With this hypothesis, E. thinks that the waste of muscular tissue in fevers might also be explained: the albuminous substance of the muscular tissue in union with phosphoric acid and potash enters the circulation and is there made use of for the purpose of forming white corpuscles and other, under the circumstances, morbid products. This finds a confirmation in the statement of Dr. Salkowski (*Med. Centrbl.*, 1882, 43, MED. AND SURG. REP., November), that the excretion of potash-salts is greatly diminished in fevers.

We remember that Prof. Gross used to recom-

mend allowing patients suffering from fever to eat anything they seem to have an abnormal appetite for—a longing after—if it was not directly injurious to them. The observations made by Edleszen and Salkowski would explain the fact that so many, if not all, fever patients have a special desire for salty and acid substances; they generally enjoy greatly all mineral waters containing potash or phosphorus, or both, (Apollinaris, Selters, Vichy, etc.,) and lemonade, if made from phosphoric acid, pickled things, salt sardelles, etc. As our appetite is nothing else than a wish expressed by the tissues for nourishment, and reflected through the pneumogastric nerve to the stomach, all such abnormal desires for special kinds of food usually denote a want of such substances by the tissues or a particular part of them. A similar fact happens with pregnant women, who sometimes have a morbid desire to eat brick-dust, chalk or such substances, elementary parts of which go to build up the osseous system of the fetus. M. once attended a lady who, during her pregnancy, evinced a disturbed nutrition in her teeth, hair, nails and skin. If she was allowed to eat all the chalk she desired, those disturbances soon ceased, but reappeared when her morbid (normal?) appetite for these substances was not satisfied. When not positively harmful, such peculiar desires should always be permitted to be indulged in.

New Remedy for Syphilis.

The *Medical Times and Gazette*, January 6, 1883, says that Prof. Liebreich brought forward, at the last meeting but one of the Berlin Medical Society, a new drug for the treatment of syphilis by the subcutaneous method. This drug rejoices in the name of hydrargyrum formidatum, and is, therefore, merely a different form of the old cure for syphilis. The mode of its preparation was not stated; chemically, it belongs to the amide group, in whose structure the monovalent amidogen (NH_2) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state; when, however, an amide is in combination with a metal, decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the Society, and showed that these conjectures were quite true for the metal mercury. It is supposed, therefore, that the formamide of mercury, after the hypodermic injection, undergoes disintegration; and so the mercury is set free, and is able to exert its

well-known power over the lesions of syphilis. The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very little pain attendant on the injection, which has never excited any inflammation. From a half to a whole of a Pravaz syringeful (a one per cent. watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.

Acute Catarrh of the Nose.

Notwithstanding acute inflammation of the Schneiderian mucous membrane of the nose is perhaps the most common and frequent ailment human flesh is heir to, in systematic works on medicine or surgery very little is found about it. This may be one of the reasons why it is generally neglected, badly treated, and often lapses into a chronic state. Dr. Scheff has written in the *Wiener Med. Presse* (23, 1882) a rather interesting article on Rhinitis, Koryza. He first mentions all the well-known symptoms of this disease. While not totally denying an inherited disposition to such catarrhs, Scheff contends that such disposition mainly depends upon physiological variations in the architecture of the nasal cavity. He repeats in this respect mainly what Dr. Zuckerhandl has said about it. In some cases the turbinated bones are thicker, and of varying form, so that the natural passages and cavities become smaller, or a greater surface is directly opposed to the air, instead, as it normally should be the case, the air having to take a winding way amongst all the different passages. Concerning therapeutics, Scheff knows nothing new.

In this respect we mention for the benefit of our readers the article of Dr. Gentilhomme (*De l'emploi du Sulfate d'Atropine dans le traitement du Coryza. Union Méd. et Scientifique du Nord-Est*, 1882-5). G. recommends very highly in the treatment of acute nasal catarrh, the sulphate of atropia in doses of a half milligramme—about $\frac{1}{10}$ grain. He reports a number of cases in which the effect of the remedy was very apparent. Especially if there is much watery discharge, the drug seems to be most effective. As there is not much trouble or danger to be feared in the administration of so

small a dose of atropia, it may be well to give his treatment a trial, though we give it for what it may be worth.

Loss of Both Parotid Glands.

Lewis C., at. 29, contracted chills and fever. When first seen by C. M. Ramsdell, M. D. (*Med. News*, Jan. 13, 1883), temperature was 103° , which was reduced by quinine; three days afterwards his left jaw began to swell, and by noon the whole left side of neck and face was much swollen. The next day the right parotid region commenced swelling, and soon reached an enormous size. Prostration was now great. Patient was placed upon a stimulant, a pyrexial treatment, abscesses were lanced when ripe, three days from commencement of attack. They then pursued the course of an ordinary abscess until the seventh day, when "proud flesh" was found occluding the wound. This was removed, and proved to be the parotid glands almost entire. They were of the same appearance, spongy, with deep sulci, apparently where large vessels or nerves had passed through them. The right gland retained somewhat its natural shape, but the left could be determined alone by its internal structure. No other glands were implicated, nor any burrowing of pus. A month sufficed to complete the cure. Patient complained of having more "heart-burn" than he used to have. His mouth seemed dryer than natural. Steno's duct was closed on the left side; on the right it consisted of a *cul-de-sac* about a fourth of an inch deep. The remaining salivary glands have taken an increased functional activity, and the above conditions are ameliorated.

"This case seems to be unique. Flint says that parotiditis is an occasional complication of typhus and typhoid, and in such cases considerable sloughing of the areolar tissue frequently occurs; but neither he nor any other writer, so far as I know, mentions loss of the gland as a possible result."

Puncture of Gravid Uterus During Ovariectomy.

At a recent meeting of the New York Obstetrical Society, Dr. C. C. Lee related the following case (*New York Medical Journal*, January 27, 1883): A patient, twenty-eight years of age, was sent to the Woman's Hospital by Dr. Hanks, for the removal of an ovarian cyst situated on the right side. The presence of the cyst was supposed to have been the cause of several miscarriages, and, as the patient was then three months pregnant, it was thought likely to prove so again. After making the usual incision for ovariectomy, the ex-

act relation of the tumor to the uterus was ascertained. In turning the patient on her side, preparatory to puncturing the cyst, the latter was let go, and, unknown to Dr. Lee, the uterus took its place, rolling up into the abdominal incision, and was punctured instead. A large trocar penetrated the body of the womb to a depth of about two inches, entering at a point about two inches below the fundus. No fluid escaped when the trocar was withdrawn. The uterine wound was sewed up with carbolized silk, the long pedicle of the ovarian cyst was then ligated, the cyst was removed, and the abdominal wound was closed. Abortion had not occurred, and the patient was doing well. There had been vomiting, which was probably due to the influence of the anaesthetic. It was a noteworthy fact that the pedicle in this case was so long that the tumor, which was developed from the left ovary, lay upon the opposite side, in the region of the right ovary. Dr. Lee thought the silk-worm suture, which was used to close the abdominal wound, possessed no advantages over the carbolized silk ligature. It was much more liable to break, and was less easy to handle.

Gonorrhœal Rheumatism.

The *Medical Times and Gazette* says that Prof. Peter pointed out a case at his clinic (*Gaz. des Hop.*, June 17,) in illustration of the fact that in the so-called gonorrhœal rheumatism the joint is not the seat of the affection, but the adjoining white tissues or "tenosity"; and that consequently there is no complication from heart disease, while the prognosis is much more favorable. The gonorrhœal discharge exerts no specific effect in producing it, any genital irritation being competent to this, acting through some ill-understood mechanism, as in profuse leucorrhœal discharge, or the sudden arrest of the menses. In this case abundant gonorrhœal discharge was present in a woman, and the left ankle joint seemed to be the seat of an attack of acute rheumatism. This, however, was not the case, and the diagnosis was obtained by the mode of examining the joint. Feeling below the internal malleolus, great pain was produced; but palpation at the external part, or in front, or deeply behind under the tendo Achillis, gave rise to no abnormal sensibility. Returning again to the inner side, and examining methodically, it was found that pain really only existed in the direction of the sheath of the tendons which passed under the malleolus internus —there being therefore only a tenosity, easy to define. It is only very rarely indeed that the joint is implicated.

SPECIAL REPORT.

REPORT OF PROGRESS OF OTOTOLOGY, NO. 2.

Diseases of the Ear in Children.*

The first subject which we will treat of is congenital variations and malformations of the ear, in which "if the osseous meatus is entirely absent, every operation is useless." "As the meatus of children is narrow and usually secretes freely, it is often necessary if the child's hearing is defective before an examination is made, to cleanse the passage in order to get a clear view of the deeper parts; and good illumination by a mirror is of the first importance.

After syringing, it is best to dry out the passage. It should be understood that every child, in the latter part of intra-uterine and the first part of extra-uterine life, possesses no free meatus, the passage being closed by epidermal product—the drum-membrane instead of being horizontal—so that it forms with the lower wall of the meatus which is at this age membranous, but later becomes osseous, a very acute angle, and lies nearly at the same plane as the upper wall of the ear passage.

From this condition of the meatus, it is evident that man just after birth has no better hearing than other animals of the same age, which are born with an impervious meatus. "With regard to the sense of hearing, it is first remarked that all children for sometime after birth are completely deaf, and it was not until the middle of the fourth day that Professor Preyer obtained any evidence of hearing in his child. This child first turned his head in the direction of a sound in the eleventh week, and this movement in the sixteenth week had become as rapid and as certain as a reflex. In the twenty-first month it danced to music, and in the twenty-fourth imitated song; but it is stated on authority of other observers, that some children have been able to sing pitch correctly, and even a melody, as early as nine months. One such child used at this age to sing in its sleep, and at nineteen months could beat time correctly with its hands while singing an air."

Instillations of warm water (we would add a few grains of boracic acid or baborate of soda to the water) into the ears of new-born children which will clear the passages earlier than they would clear themselves, as the masses of epider-

mis remain in the meatus, and they become a source of irritation.

The most painful and obstinately recurring inflammation of the external ear is produced by vegetable parasites and moist epidermal lamellæ, which generally are superposed one upon another and may produce a closure of the canal, or may form a mould-fungus sometimes of light, sometimes of darker color. This almost always belongs to the aspergillus family.

Animal parasites take up their abode in the human meatus, and act as irritants. This is to be suspected in children who have much to do with birds, rabbits, and also with dogs and cats. The bird lice (*dermanyssus avium*) are abundant in house-birds, also in hen-houses and dove-cotes. Parasites have been found in the ear of an ox, where they were probably the cause of severe otitis externa purulenta; also in rabbits, caused by the borings of the psorospermiso and gregarinas.

An otitis media (or inflammation of the middle ear) runs its course quickly in children, with early perforations of the drum-membrane, and consequently evacuations of the secretions, but will probably re-occur with the next cold in the head. This diseased condition is usually associated with dentition, but the source of the disease should also be sought usually in the naso-pharyngeal mucous membrane, which is in the immediate neighborhood of and in direct connection with the ear along the Eustachian tube. A peculiarity of the meatus in young children is quite a large opening in the lower anterior wall of the osseous canal, which is produced by irregularity in the growth of the bone at this point. This defect in ossification appears first in the child between the twelfth and eighteenth month, about the size of a cherry-stone, and opens toward the edge of the bone, and is still to be seen, as a rule, in the fourth, or even fifth years as a round opening, which is gradually closed. It is evident that this opening, which is covered merely by the skin of the meatus and periosteum, must be a vulnerable spot, which purulent and suppurative processes may readily break through, forming fistulous openings towards the parotid gland and the region of the lower jaw, so that the inflammation and suppuration may extend to these regions.

The treatment of otitis externa (or otalgia) is extremely simple; if the child is strong, one or two leeches on the edge of the ear passage in front of the tragus, or upon the cartilage just below it, will be of service. Frequent ear-baths with warm water will relieve the pain. (Cotton saturated with wine of opium, and the volatile

* Diseases of the Ear in Childhood, by Von Tröllsch, which appeared in 1880 in Germany. It formed a part of Gebhardt Hand-book of Diseases of Children. Translated by Dr. I. O. Green, Wm. Wood & Co., New York.

product driven by off heat, will be found valuable to relieve pain; also a solution of sulphate of atropia, a few drops warm in the ear, is prompt to relieve acute pain.) In otitis media purulenta the removal of the secretions as soon as suppuration has begun is important, and the use of zinci sulphate and plumbi acetate in solution. (This is the old method of treatment, which is now obsolete, and syringing, except for diagnosis, has given way to wiping out the ear packed with antiseptic cotton, with the application of powdered boracic acid, by which means there has been a greater number of rapid cures. The use of small ice-bags to the auditory canal, but no cold water to be permitted to enter the meatus; and we object to warm poultices, which, though they relieve the pain, etc., yet always produce a decided loosening and maceration of all the tissues, etc.)

Rupture of the membrana tympani occur when the column of air over it suffers a sudden and great condensation from a blow of the hand upon the entrance of the meatus; or in bathing, if one in diving from a certain height accidentally strikes the side of the head with the auricle forcibly upon the water; when the Eustachian tube is closed, or a collection of mucus in the tympani, the membrane is more easily torn.

If no deeper complications are present, such wounds of the drum membrane heal, as a rule, rapidly, without leaving permanent injury, as do also the punctures from needles, straws, probes, etc.; a moderate effusion of blood in the tympanum does not interfere with the healing process. The only thing necessary to be done is to abstain from irritating the edges of the wound, or from separating them. A little cotton wool should be worn on the meatus, but only laid on lightly, and not pressed hard, and the patient should be forbidden to blow the nose suddenly or violently. All instillations, syringings, or other interferences with the ear, are improper, as they will prevent healing by first intention.

Congenital malformations of various kinds have been observed in the tympanum, as absence of the cochlear or vestibula fenestra, the ossicles wanting, or separation of the same bone, or ankylosis of their joints, etc. The mastoid process does not exist in the child as a rounded prominence, but in early life is flat, and contains only a finely porous osseous tissue; pneumatic cells are found which form the mastoid process, but these do not reach their full development until puberty.

The tympanum in the fetus and new-born child. So long as the child has not breathed, the tympanum

can contain no air. Heretofore, anatomists have assumed that at the time of birth the cavity was filled with mucus, which gradually disappeared with the entrance of air during the breathing and crying of the child. This, however, is not so; but the tympanum of the fetus is filled by the mucous membrane itself, which, especially on the labyrinthine wall, is in a marked hyperplastic and swollen condition, while in the adult the mucosa covering the promontory is extremely thin—almost like a serous membrane. In the fetus it appears as a thick gelatinous tissue, reaching to the inner surface of the drum membrane, and therefore almost entirely filling the tympanic cavity. On closer examination, this mucous-membrane-cushion of the tympanum consists of embryonal connective tissue, or the mucous tissue of Virchow, viz., of a mucous fundamental substance, with a well-developed net-work of cells; its surface contains blood vessels, and is covered by a beautiful nucleated polygonal pavement-epitheleum.

Wriden and *Wendt* have claimed that its disappearance is wholly dependent upon the breathing, and have proposed this as a substitute for the lung test in medico-legal investigations in regard to the extra-uterine life of a child when the head only is examined. It should be emphasized here that the labor itself, especially if it continues unusually long, may directly involve danger and injury to the middle ear of the child. *Wendt* was the first to report that sometimes materials were found in the tympana of new-born children which originated directly from the amniotic fluid or from the maternal organs (fine hairs, vernix caseosa, meconium, vaginal mucus), and he assumed that they must have reached the ear by the inspiration of the thorax during labor.

Ed. Hofmann showed later that during the birth, and produced by the separation of the placenta, very frequently respiratory movements of the chest occur, with which necessarily inspiration of the media surrounding the child must take place in the middle ear as well as the lungs; that the entrance of a large amount of foreign material into the one or the other organ may act as a pathological irritation, and under certain conditions produce a mechanical closure of a narrow cavity.

Attention must here be called to the fact that in children, the dura mater and the tympanic mucous-membrane are in much more intimate connection than is the case in later life. In establishing the degree in which the middle ear in childhood is predisposed to disturbances and

diseases, we must remember the all-important fact that both Eustachian tubes enter the naso-pharynx.

The hyperplastic and inflammatory affections of the palatine tonsils, so common in childhood, act in a similar way in closing the tubal orifice, as when they attain a larger size, they press the palate and the surrounding mucous-membrane up against the pharyngeal orifices, and like a foreign body, produce chronic stasis in the blood vessels and act as a continual irritation to all the neighboring tissues. Children living in crowded nurseries, which are also used as water-closets, and also often for cooking, drying of linen, etc., and those who frequent overcrowded and unventilated school-rooms, are subjected to a bad, and for the purpose of breathing, unserviceable air, an evil which is receiving more and more attention, at least in hygienic writings. Too much stress can not be laid upon the evil effect which too warm, too damp, or impure air, in the house and in the school, exerts upon the health of the child. The majority of the severe diseases of the nasal and pharyngeal mucous membrane, of continuous cold in the head, of angina, croup, and diphtheria, occur in childhood and during school life. As a synopsis of the points which have been brought forward, it may be asserted as a fact that in childhood, aside from a few weeks immediately following birth, an unusually strong predisposition to disease of the middle ear exists, owing on the one hand to the double influence of the peculiar morphological relations of the ear and the pharynx, and on the other hand to the diseases and conditions of life to which the child is frequently exposed.

In later times, there will be found in "Koppen's Marburger Dissertation," of the year 1857, a statement which is applicable here. He examined only new-born children—the oldest twenty-five days old—and found the tympanum empty in six, while in eighteen that cavity contained fluid, and in four of these eighteen the fluid was true pus.

Without any knowledge of these preceding statements, Von Tröltzsch called attention, in 1858, to the frequency of collections of pus in the tympana of small children. In forty-seven petrous bones taken from twenty-four unselected children out of the polyclinic or lying-in hospital in the course of several years, he found the middle ear normal in only eighteen; the other twenty-nine ears showed in various degrees the appearance of a purulent, rarely of a mucous catarrh.

According to Schwartz (1864), for every five examinations of new-born children, in two the tympanum will be found filled with pus.

Wreden (1868) found in eighty ears which he received in the course of four months from St. Petersburg Foundling Hospital, a normal middle ear in only fourteen.

Edward Hofmann (1873) examined in Innspruck twenty-four petrous bones from children varying in age from thirty-two hours to four weeks, and found the tympanum filled with pus in seven cases, while in the other seventeen it was perfectly or nearly normal.

The greatest number of investigations have been made by Kutzcharianz (1875 and 1872) from children out of the Moscow Foundling House, the ages of which varied between a few days and seven months. From about two hundred and thirty accurately described cases, the tympanic mucous membrane was normal in only thirty; in fifty, it showed either a slight or intense catarrhal inflammation; and in one hundred and fifty the tympana were filled with yellow-green pus, with occasional clumps of mucus mixed with blood. In four of these cases of purulent inflammation, the pus was of an ichorous character.

We may assume that Zanfal is right in considering that the pus which is found in the tympanum a few days after birth is chiefly not an inflammatory but a degenerative product of the embryonic tissue retained in the cavity owing to some impediment in the tube.

As would be expected, the numerical proportions between normal and pathological tympana varies very much in the different reports; of the ears examined by V. Tröltzsch, in Würzburg, 38 per cent. were normal; of those by Wreden, in St. Petersburg, 17½ per cent.; by Hofmann, in Innspruck, 70 per cent.; and by Kutzcharianz, in Moscow, only a little over 13 per cent. showed tympana without hyperæmia of the mucous membrane.

(To be continued.)

CORRESPONDENCE.

A Rumor Contradicted.

EDS. MED. AND SURG. REPORTER:—

We are astounded to see in the MED. AND SURG. REPORTER of January 27, that you received a telegram stating that in one family in the city of Dallas, Texas, there were "Nine persons who were poisoned by eating pork, supposed to be trichinous. Three of them died." Well, Messrs. Editors, we heard nothing of a single case. Besides, we have made inquiry of the undertakers, and they report that not a single case have they ever heard of in this city. We are happy to say that we have a people here who eat cooked meats;

besides, they live mostly on beef, mutton, etc., and little pork.

Therefore we ask the name of the gentleman who sent this dispatch to your city.

Respectfully,

J. M. PACE, M. D.

G. BEAUMON, M. D.

H. A. MOSELEY, M. D.

Dallas, Texas, February 10.

[The dispatch was extracted from the daily papers of this city. We do not know its author.
—EDS. REPORTER.

NEWS AND MISCELLANY.

New York Ophthalmological Society.

At the annual meeting, held January 8, 1883, the following officers were elected:

President.—George R. Cutter, M. D.

Vice-President.—David Webster, M. D.

Secretary and Treasurer.—Jas. L. Minor, M. D.

An Epidemic of Syphilis.

An epidemic of syphilis has recently occurred in Sheffield, England, through the agency of a syphilitic midwife, who attended a number of cases of delivery in married women, all of whom contracted the disease. The woman has been committed for trial, charged with having "wilfully and maliciously caused grievous bodily harm" to the complainants.

Our School for Post-Graduates.

The *Lancet*, January 20, 1883, says: "Philadelphia is about to follow the example of New York in establishing a school for post-graduates." We would inform our transatlantic contemporary that Philadelphia was the *first* city in the United States to establish a school for post-graduates, which was done in connection with the University of Pennsylvania, and has been now in successful existence for nearly two years.

Office Lights.

Few matters are more important to the furniture of an office than a good light. For this purpose, we can speak with special favor of the "Perfection Student Lamps," devised by Mr. R. G. Hutchinson, 44 Maiden Lane, New York City. They have all the appliances to secure entire safety, are handsome, strong, and the cheapest for the money which we have anywhere seen. Any of our readers who want a really good lamp, will do well to send to Mr. Hutchinson for one of his descriptive circulars, with particulars.

University of Pennsylvania.

At the monthly meeting of the Trustees of the University of Pennsylvania, February 6, a gift of \$5,000 for the endowment of a bed in the University Hospital was received from Henry Ingersoll. A petition was received requesting that the doors of the University be opened to women on the same terms as to men. The petition was referred. Frederick A. Genth, Jr., was elected Assistant

Professor of Chemistry, and Albert S. Bolles was chosen Professor of Mercantile Law and Practice in the Wharton School of Finance and Economy.

Officers of the New York Academy of Medicine for 1883.

President.—Fordyce Barker, M. D., LL. D.

Vice-President.—H. P. Farnham, M. D.

Recording Secretary.—W. H. Katzenbach, M. D.

Corresponding Secretary.—J. G. Adams, M. D.

Treasurer.—William F. Cushman, M. D.

Trustee.—Gouverneur M. Smith, M. D.

Treasurer of Board of Trustees.—Charles Wright, M. D.

Member of Committee on Admissions.—E. L. Partridge, M. D.

Member of Committee on Ethics.—H. E. Cramp-ton, M. D.

Member of Committee on Education.—J. C. Dalton, M. D.

Member of Committee on Library.—A. McLane Hamilton, M. D.

Contaminations in Drinking Water.

At a recent meeting of the Academy of Natural Sciences in this city, while discussing the subject of the pollution of the Schuylkill water, Mr. Edward Potts reminded the members that a recent similar condition of the Boston water had been ascribed to the decay of fresh water sponges in the water-pipes. He had recently examined several portions of our water works with a view of ascertaining how far decaying sponge growth might be considered the cause of the offensive condition of affairs with us. Near the crest of the dam, in the forebay and in the reservoir, sponges had been found growing more or less abundantly, but nowhere in such quantities as on the lattice work protecting one of the discharge pipes in the reservoir. Here the Mayenia Leidyi almost interfere with the flow of the water. This species is a dense sponge with small, closely-packed spicules, and a comparatively small amount of sponge flesh or sarcodite. Indeed, so scanty is the amount of matter which could become offensive by decay, that a very large amount of sponge would be required to contaminate a small quantity of water. Various species of rotifers and protozoa were also found in the reservoir and elsewhere; especially an abundance of spongilla fragilis in the canal between the two locks opposite Fairmount. The result of his investigations had been the conviction that the offensive character of the river water could not reasonably be assigned to decaying organisms.

The President, Dr. Leidy, declared that instead of decaying animal matter being the cause of the pollution, he was convinced that the actual cause, whatever it might be, was rapidly destroying the life of various sorts which formerly flourished in the river. Some years ago such organisms as urnatella, paludicella, and plumatella had existed abundantly in places which had been found recently to be reeking with filth. The Schuylkill mud is saturated with oil, and only the remains of mollusks and aquatic insects can now be found in it. It could not be doubted that the impurity of our river water was due to the drainage from mills, factories, and surrounding habitations.

Personals.

—The appointment of Dr. Robert H. Allison, as Port Physician of Philadelphia, will meet with universal approval. Dr. Allison stands high in the profession, and is a gentleman of wide general culture as well. No selection by the Governor could have been more appropriate.

—Doctors Reed and Wiley, of the Dixmont Intane Asylum, have sued the Erie *Herald* for defamation of character, laying damages at \$40,000. The suit grows out of articles published by the *Herald* reflecting on the management of that institution, based on statements of Dr. Sevin, an ex-inmate of the asylum. Them anagement deny the charges, and claim that the doctor is still deranged.

—At a recent meeting of the Camden Microscopical Society, Dr. A. P. Brown called the attention of the members to the important fact that nearly all kinds of bitter drugs, such as nux vomica, chamomile, etc., have lately greatly advanced in price, owing to the large purchases made by brewers, who use them in the manufacture of beer in the place of hops, of which the crop this year was a failure.

—An extraordinary security was offered by a man who recently advertised in a Berlin newspaper for a loan. The advertisement ran as follows:—"A medical student whose means are exhausted would like to meet with some one who would advance him the necessary sum to complete his studies, at a moderate rate of interest. If necessary he would as a guarantee at once marry his creditor's daughter, or, if he prefers it, would give an undertaking to do so on passing his final examination."

—The late eminent artist and poet, D. G. Rossetti, instead of seeking health and consolation in travel, in company and in exercise after his wife's death, shut himself up alone amid mediæval reliques in a large, gloomy house. He sought relief from grief and sleeplessness in chloral, and, as the London *Daily News* declares, this drug at last distorted his ideas and his sentiments even about his friends. Some magazine criticisms, which a healthy man would have fumed at and forgotten, led him to the belief that he was the victim of a of a conspiracy. His bodily health could not support the stress of his intellect, and the result was, in a literary sense, disastrous.

Items.

—The juice of the cow-tree of South America has been analyzed by a French chemist, who finds that it really possesses many of the constituents of cow's milk.

—A Philadelphian last week drank a pint of whiskey at a draught. In a few minutes he fell to the floor insensible. A physician was called, and after eight hours work, the man was restored to consciousness. Query: Was it worth the trouble?

—The latest information from Southwestern Virginia reports the ravages of small-pox as extremely alarming. Neither the people nor the physicians in that section have any adequate

knowledge of the disease to enable them to deal with it successfully. They are consequently terror-stricken by its appearance, and refuse to venture near any houses in which there is a small-pox patient.

—By a law which has just come into operation in Italy, the sale of patent medicines throughout the kingdom is prohibited unless the precise composition of the medicine is stated. The promulgation of this important decree has been made by the Minister of the Interior, the Customs, and the sanitary authorities. One well-known chemist in Rome has at the present moment nearly \$500 worth of patent medicines lying at the Dogana, and likely to have to remain there or to be sent back to England undelivered. For the future, travellers will have to smuggle their favorite drugs into Italy.

QUERIES AND REPLIES.

MESSRS EDITORS.—What is the best hand-book for physicians who wish to make a correct diagnosis, and enable them to order suitable glasses in cases of astigmatism, myopia, hyperopia, and various other diseases of the eyes.

Pa. N. S. B.

The best work of the kind we are acquainted with, is Landolt's *Manual of Examination of the Eyes*. Price, \$2.00.

MED. AND SURG. REPORTER.—I would like to inquire through your columns if anesthetics in labor have the tendency to prevent the secretion of milk. Have administered the A. C. E. mixture repeatedly, during the past four years, both in instrumental and natural labors. In a very few cases the mammary glands refused duty after two or three weeks. My experience without the anesthetic is much the same.

MESSRS EDITORS.—May a physician bid for the medical and surgical treatment of the poor, in response to an advertisement of the Board of Supervisors of the county, the same as mechanics bid for building contracts, without violation of medical ethics?

C., of Ill. M.

Ans.—It is often done, but we think that the result is lowering one to the profession and injurious to the public.

Dr. S. K., of Va., asks for reports of diseases in women distinctly traceable to the avoidance of conception, and further with reference to the manner of avoidance.

Dr. Alonso, of N. Y.—We are always glad to receive and publish short, practical articles from the daily observation of physicians. Send your MSS. at any time.

Dr. C. C. Vanderbeck, lecturer on hygiene and sanitary science, in Wagner's Institute, Philadelphia, will be grateful if his professional brothers, throughout the country generally, will send him any monogram or reprint in the department of sanitary science. His address is 2246 Ridge Av., Philadelphia.

DEATHS.

FISHER.—On the 12th inst., after a brief illness, at Cologne, Germany, Alexander M. Fisher, M. D., in the 26th year of his age, son of the late Edward M. Fisher, and grandson of the late Colonel Alexander Ming.

RAND.—In this city, on February 14, 1883, B. Howard Rand, M. D., in the fifty-seventh year of his age.

RANNEY.—In New York city, on Thursday, February 15, Lafayette Ranney, M. D., in the 64th year of his age.